DOCUMENT RESUME

ED 398 698 EC 304 990

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TITLE	Early Childhood: The Role of the Paraprofessional. Module Five. Facilitator's Edition [and] Student's Edition. Strategies for Paraprofessionals Who Support Individuals with Disabilities Series.
INSTITUTION	Hutchinson Technical Coll., MN.; Minnesota State Board of Technical Colleges, St. Paul.; Minnesota State Dept. of Education, St. Paul.; Minnesota Univ., Minneapolis. Inst. on Community Integration.
SPONS AGENCY	Administration on Developmental Disabilities (DHHS), Washington, D.C.; Office of Special Education and Rehabilitative Services (ED), Washington, DC.
PUB DATE	Nov 95
CONTRACT	84029F20009; 90000302
NOTE	347p.; For other modules, see EC 304 986-992.
AVAILABLE FROM	University of Minnesota, The Institute on Community Integration (UAP), 150 Pillsbury Drive, S.E., Minneapolis, MN 55455 ($25 facilitator edition; $15 student edition).
PUB TYPE	Guides - Classroom Use - Teaching Guides (For Teacher) (052) -- Guides - Classroom Use - Instructional Materials (For Learner) (051)
EDRS PRICE	MF01/PC14 Plus Postage.
DESCRIPTORS	*Child Development; Classroom Techniques; Cultural Awareness; Curriculum Guides; *Disabilities; Early Childhood Education; *Early Intervention; Educational Strategies; Family Needs; Individualized Education Programs; Individualized Family Service Plans; Inservice Education; Legal Responsibility; Lesson Plans; *Paraprofessional School Personnel; Parent School Relationship; School Aides; *Staff Development; Staff Role; Student Evaluation; Teacher Aides

ABSTRACT

The fifth in a series of federally supported modules for training paraprofessional school personnel who work with students with disabilities, this module focuses on early childhood education needs of children with disabilities. Both a facilitator's edition and a student's edition are provided. Chapter 1 presents material on fundamentals and legal foundations of early intervention and the roles and responsibilities of paraprofessionals. Chapter 2 describes the basic principles of child development and developmental domains. Individualized Education Plans, the assessment of the child and family, and development of instructional goals and objectives are discussed in Chapter 3. Chapter 4 focuses on the classroom, with information on appropriate practices, instructional techniques, and monitoring progress. The needs of families are evaluated in Chapter 5, which examines working with families, the development of cross-cultural competence, community integration, and the paraprofessional's role. Seven appendices include: a handout on accessible child care, a listing of model learner outcomes, a sample Individualized Education Plan form, an Individualized Family Service Plan form, articles on behavior management, a play checklist, and a family needs survey. The facilitator's edition offers learning activities and information sheets to be used as transparencies. (Contains 22 references.) (CR)

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Module Five

Early Childhood: The Role of the Paraprofessional

Facilitator's Edition

Prepared by
Institute on Community Integration (UAP)

UNIVERSITY OF MINNESOTA
The College of Education
and Human Development

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Published November, 1995.

The paraprofessional training module *Early Childhood: the Role of the Paraprofessional,* part of the series *Strategies for Paraprofessionals Who Support Individuals with Disabilities,* was prepared at the Institute on Community Integration (UAP), College of Education and Human Development, University of Minnesota.

The development of these materials was supported in part through the U.S. Department of Education, Office of Special Education and Rehabilitative Services (OSERS), grant #84029F20009 and the Administration on Developmental Disabilities (ADD), U.S. Department of Health and Human Services, grant #90000302. The opinions expressed herein are those of the authors and do not necessarily reflect the position of the U.S. Department of Education or the U.S. Department of Health and Human Services. This project is a collaborative effort between the Institute on Community Integration, Hutchinson Technical College, the Minnesota Department of Education, and the Minnesota State Board of Technical Colleges.

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Facilitator's Outline

About the Facilitator's Outline

This training module contains a facilitator's outline designed to assist instructors as they plan and prepare to teach the material contained in this module. The outline provides overviews of each chapter which include:

- Chapter goals to be accomplished by students.
- Topics to be covered in each section.
- Discussion questions to facilitate lectures and discussions and activities to be completed by students both in and out of class.

These items are the same as those appearing in the outside margins of the facilitator's edition of this module. The discussion and activity notes, and answers to activity questions, appear in the facilitator's edition only – they do not appear in the students' edition. The text, however, is the same in both. In some cases, the discussions and activities may have been abbreviated in this outline, but provide the same basic information as it appears within the context of the chapter.

This outline can be used when planning lessons. It's a good idea to read through the outline before using it for instruction in order to know what to expect and get a better sense of how the material is tied together.

The content of this module is based on a training series piloted in 1994 by Hutchinson Technical College in Hutchinson, Minnesota. Because of this, many references are specific to Minnesota's school and social service systems. We encourage instructors located in other states to replace the Minnesota-specific information with information more relevant to their state. We hope that facilitators will add their own experiences and stories to make this material "come alive".

Chapter 1
An Introduction to Early Intervention and Early Education

Chapter Goals

Upon completing this chapter, students will be able to:

- Demonstrate an understanding of the basics of early intervention and early education.
- Recognize the legal history and characteristics associated with early intervention and early education.
- Clarify the roles and responsibilities of a paraprofessional working in an early childhood program.

Necessary Materials

- Transparencies 1.1, 1.2, and 1.3
- Overhead projector

Section 1: Fundamentals of Early Intervention and Early Education Programs

Topics Covered

- The family is a mobile
- Families develop patterns of interaction
- Beliefs influence others' behavior
- Families are part of a larger ecology

Discussion 1

What individuals do you feel have had a significant influence on your life?

Activity 1

Make a graph to compare the differences and similarities between the goals for early intervention versus special education for school-aged children and adults.

Discuss the assumptions and goals for early intervention. Ask questions such as, "Do you think these goals are as important for older children, why or why not?" and "Do you think that it's important to begin intervention as early as possible? Why or why not?" The assumptions talk about children being "at-risk" for developmental delays.

In Minnesota, children who are at risk are currently not eligible for special education services. However, understanding at-risk is important. Ask participants to think of conditions that may make children at-risk for disabilities. At-risk may refer to children who have some sort of physical condition, such as low-birth weight, complications at birth, and early medical problems such as ear infections, or high fever. Poverty, single parenthood, teenage parents, and ethnicity aren't "risk" factors.

Discussion 2

What are some possible influences on a child at each level of the systems theory?

Activity 2

Using Transparency 1.3, ask participants to follow along using their own copy of the circle diagram. Remind participants that the innermost circle represents themselves or their family. As you move away from the inner circle, influences on the individual are less direct. Ask participants to complete diagram and bring to next class, or you may choose to do this activity in the large group.

Section 2: Legal Foundation of Early Intervention and Early Childhood Education

Topics Covered

- Education for All Handicapped Children Act: PL 94-142
- PL 99-457 and Part H Amendments
- Array of services

Discussion 1

What are some principles of family-focused, multi-disciplinary, and coordinated services?

Section 3: Roles and Responsibilities

Topics Covered

- Core competencies of a paraprofessional.
- Roles of teachers versus roles of paraprofessionals in home-based and center-based programs

Discussion 1

Have you ever been put in an inappropriate situation in a work setting? What are some alternative ways the situation could have been handled?

Activity 1

Encourage participants to respond to the following situations individually, then ask them to share their responses in a large group or several small groups.

Chapter 2

Child Development in the Early Years

Chapter Goals

Upon completing this chapter, students will be able to:

- Demonstrate a broad base of knowledge of principles of child development.
- Recognize the characteristics of the developmental domains: motor, cognitive, social-emotional, and communication.

Necessary Materials

- Transparencies 2.1, 2.2, 2.3, and 2.4
- Overhead projector
- Blackboard or other large writing space

Section 1: Basic Principles of Child Development

Topics Covered

- Development is a continuous phenomenon
- Cumulative and directional aspects of change
- Qualitative vs. quantitative change
- Complexity, differentiation, and coordination
- Development occurs in stages
- Change results from interactions between biology and environment
- Children are active learners
- Individual differences

Discussion 1

What are some examples of the principles of child development you have seen in your own experiences?

Activity 1

After discussing the principles of development, show Transparency 2.1. Ask participants to react to the statement "All people are capable of growth and development. In particular, ask them: "Why is this statement important to people with disabilities? Why is this statement important in the support of inclusion of children in the setting with their peers without disabilities?" Finally, discuss the impact that environmental factors, such as poverty, have on development of a child. Ask, "What are some of the factors that might speed up or slow down development?" Make sure that its understood that all children will grow and develop, despite some of these factors.

Section 2: Developmental Domains

Topics Covered

- Motor development
- Cognitive development
- Stages of cognitive development
- Social-emotional development
- Play and social development

Discussion 1

What are some examples of developmental domains which are interrelated? How are these domains expressed with the different ages of children?

Discussion 2

Read Piaget's theory of cognitive development. How can cognitive development affect behavior? What are some examples of "faulty reasoning" that children in the pre-operational stage use?

Discussion 3

What adult behaviors can encourage positive self-esteem? What behaviors can lead to negative self-esteem?

Discussion 4

What are some behaviors which fall within each developmental domain? Which behaviors involve several domains? Which behaviors are specific to a particular domain?

Chapter 3

Individualized Planning for Children with Disabilities

Chapter Goals

Upon completing this chapter, students will be able to:

- Demonstrate a basic understanding of the components of the IEP and the IFSP.
- Understand the connection between assessment and intervention in early childhood education.
- Gather the correct information needed to identify goals and to provide individualized instruction.

Necessary Materials

- No materials are needed for this chapter.

Section 1: Individualized Education Plans

Topics Covered

- Components of the Individualized Family Service Plan (IFSP)
- Components of the Individualized Education Plan (IEP)
- The role of the paraprofessional

Discussion 1

What experiences have you had being involved in the IEP or IFSP process?

Activity 1

With your supervisory teacher, walk through the process used in developing an IEP and an IFSP (If you're not in a paraprofessional position now, find a setting that you can observe. Your teacher will help you find a setting.) In small groups, compile the steps, and write the entire process. Discuss strengths and weaknesses of the paraprofessional's role in the process as a whole.

Section 2: Assessment of the Child and Family

Topics Covered

- Purposes of assessment
- Standardized tests
- Family-focused assessment

Discussion 1

What are some strengths and limitations of assessing young children?

Activity 1

In a partner situation, practice completing an interview with one parent using the questionaires provided.

Section 3: Developing Goals and Objectives

Topics Covered

- Long-term goals
- Short-term objectives

Discussion 1

What are some of the possible differences between long-term goals and short-term objectives?

Chapter 4

In the Classroom

Chapter Goals

Upon completing this chapter, students will be able to:

- Demonstrate developmentally appropriate practices as it related to early childhood special education.
- Utilize teaching techniques that may be used by paraprofessionals across a broad range of settings.
- Demonstrate a working understanding of observational data collection and record keeping.

Necessary Materials

- No materials are needed for this chapter.

Section 1: Developmentally Appropriate Practice

Topics Covered

- Age appropriateness
- Individual appropriateness
- Guidelines for developmentally appropriate practice
- The curriculum

- Relations between the home and the program
- Adult-child interaction

Discussion 1

What are some examples of appropriate communication techniques to encourage children to make choices, to talk about feelings, to resolve conflicts, etc.?

Section 2: Roles in the Classroom

Topics Covered

- Observer
- Stage manager
- Participant
- Instructor

Discussion 1

What are some examples of the roles that paraprofessionals take in the classroom?

Activity 1

Have students in the class conduct an observation of the teacher's behaviors in an early childhood setting. Ask them to record examples in the spaces and be prepared to share them in the following class session.

Section 3: Instructional Techniques

Topics Covered

- Naturalistic techniques
- Forgetfulness
- Visible but unreachable
- Violation of expectations
- Piece by piece
- Assistance
- Delay
- Questioning/prompting/modeling
- Behavior management
- Reinforcement
- Ignoring
- Proximal praise

Discussion 1

Have any of you seen or used any naturalistic instructional techniques in your work setting? If so, please share what you have seen.

Activity 1

Create a "Praise List" in small groups. Use social reinforcers, not material items (ice cream, candy, stickers, etc.). For example: Verbal: "super!"; Gestural: thumbs-up; Other: opportunity to choose an activity.

Section 4: Monitoring Children's Progress

Topics Covered

- Collecting data
- Identifying current level of performance
- Determining effectiveness of instruction
- Communicating about a child's progress
- Demonstrating accountability
- Validity and reliability
- Narrative description
- Time sampling
- Event sampling
- Anecdotal records
- Frequency counts and duration records
- Checklists

Discussion 1

Why is collecting data important? What are some techniques you have used that would be helpful in an early childhood program?

Activity 1

Ask students to utilize the data collection techniques in an early childhood setting. Be sure they understand the purpose of measuring behavior. Remind them not to provide any identifying information about a child when sharing observation results. Observation of children should not occur in classroom settings unless a parent or teacher gives consent for the observer to be there.

Activity 2

A "play checklist" is included in Appendix F. Assign students to complete either the play checklist or the motor checklist by observing a child. The motor checklist is more appropriate for someone who knows the particular child well and has had several opportunities to observe the child. The play checklist should also be filled out for a child that the observer sees on several occasions. If a participant doesn't have an opportunity for continued contact with a child, they may ask a teacher or parent to complete the checklist.

Chapter 5
Families

Chapter Goals

Upon completing this chapter, students will be able to:

- Provide a definition of "family".
- Describe methods to "empower" families to better meet their needs and the need of their children with disabilities.

Necessary Materials

- No materials are needed for this chapter.

Section 1: Working with Families

Topics Covered

- Empowering families
- Your role as a paraprofessional
- Providing information

Discussion 1

What are some of your own definitions of family?

Activity 1

Develop a working definition for "family" together as a class using the definition provided as a guideline.

Activity 2

Have students turn to Appendix J to look at the Family Needs Survey. Review each section of the survey to give students an idea of the range of services that families may be provided through early intervention programs. Ask students to survey a family as an assignment, or you may have students pair up and role play using the survey. Have students brainstorm ways that they may help families meet their needs through their role as a paraprofessional.

Section 2: Developing Cross-Cultural Competence

Topics Covered

- Developing self-awareness
- Culture-specific awareness and understanding
- Cross-cultural communication
- Characteristics of effective cross-cultural communicators

Discussion 1

What are some of the similarities and differences between people around you?

Activity 1

Have students answer questions on their own and bring them to the group for discussion.

Discussion 2

What are some experiences you have had when communication was difficult because of language barriers, cultural differences, alternative modes of communication, etc.? What did you find especially challenging in communicating with the individual? What did you do to resolve some of the difficulties? What would you have done differently?

Section 3: Community Integration

Topics Covered

- Types of integrated settings
- Reverse mainstreaming
- Community-based intervention

Discussion 1

What are some possible benefits of full participation in the community for individuals with disabilities?

Activity 1

Read each of the situations. Decide if the situations reflect community-based integration. If it does not, tell how the situation could be corrected.

Section 4: Your Role in Community Integration

Discussion 1

How do paraprofessionals play a crucial part in the integration of children with disabilities into our community?

Introduction

An Introduction to the Series

This series should be useful to paraprofessionals and paraeducators in education as well as direct service staff in community agencies in preparing for a career or in upgrading skills while already employed. Skills needed by individuals working under a variety of titles are often similar. Our focus is on those individuals working in education, but most of the information contained in this series is appropriate for others; please feel free to adapt it where needed.

The Need for Today's Paraprofessionals

The need for paraprofessionals to work with persons who have disabilities has been growing in recent years. Increasing numbers of persons with a range of disabilities are now living in small residential settings in our communities, attending regular classes in neighborhood schools, holding jobs in local businesses, and participating in community recreation and social activities. There is a great need for paraprofessionals to provide the services and supports these individuals need for community living.

By employing paraprofessionals, services for persons with disabilities are able to expand and improve the quality of assistance they provide. Some of the benefits paraprofessionals offer service agencies and consumers are:

- Expanded learning opportunities for persons with disabilities.
- More individualized attention and instruction.
- Increased opportunities for individuals with disabilities to observe and learn appropriate behaviors.
- Increased planning time for educators, supervisors, and others.
- Improved staff morale.
- Better monitoring and evaluation of persons with disabilities.
- Greater consistency in services.
- Improved parent-school relationships.
- Greater involvement of persons with disabilities in education and other settings in the community at large.
- Transportation assistance for individuals with disabilities.
- Vocational skill development for individuals with disabilities.

The Role of Today's Paraprofessional

Paraprofessionals who work with individuals with disabilities have a variety of roles and definitions, depending on the environment in which they work. The Minnesota Department of Education (MN 3525.0200, Subp. 9b) definition states that a program assistant or pupil support assistant provides services to students only under the direct guidance and direction of a regular or special education teacher or related provider, and those services must be:

- To enhance the instruction provided by the teacher or related staff in academic instruction, physical or behavior management programs, transition, and other integrated activities.
- To supplement instructional activities or to provide extended practice in instances in which the support assistant has had training from a special education or related services staff, and continues to receive ongoing direction and support from a special education teacher.

From the National Resource Center for Paraprofessionals in Special Education and Related Services (City University of New York) comes this definition of a paraprofessional:

A paraprofessional is an employee:

- Whose position is either instructional in nature or who delivers other direct services to individuals and/or their parents.
- Who works under the supervision of a professional staff member who is responsible for the overall management of the program area including the design, implementation and evaluation of instructional programs and the individual's progress.

Paraprofessionals provide services in the following areas:

- Educational programs
- Physical therapy
- Occupational therapy
- Speech therapy
- Recreation programs
- Early intervention and preschool programs
- Social work/case management
- Parent training/child-find programs
- Vocational training programs and job coaching
- Community programs
- Transition

Paraprofessionals are typically different from professionals in the amount of education, certification required for the job, degree of responsibility, and extent of supervision required.

Because the support of paraprofessionals is so essential to the success of individuals with disabilities, this series is dedicated to improving and enhancing skills for paraprofessionals.

About the Series

Whether you have years of experience working with persons who have disabilities or are just beginning, there are probably many questions you have about the role of a paraprofessional. Some concerns and questions will be very specific to your work setting, while others will be more general. This series, *Strategies for Paraprofessionals Who Support Individuals with Disabilities,* will cover both.

This curriculum is primarily for paraprofessionals who are (or will be) working in educational settings (i.e., special and general education). It will, however, also be useful for those in direct service settings, such as vocational programs and residential settings.

The *Strategies for Paraprofessionals Who Support Individuals with Disabilities* curriculum has four general, or core, training modules and three specialized modules. The core modules, designed for all paraprofessionals, are:

- Module 1: The Paraprofessional: An Introduction
- Module 2: Providing Cross-Cultural Support Services to Individuals with Disabilities and Their Families
- Module 3: Promoting Self Advocacy and Facilitating Friendships and Socialization Skills for Individuals with Disabilities
- Module 4: Positive Behavior Strategies for Paraprofessionals

The three specialized modules that address competencies needed in specific types of service settings are:

- Module 5: Early Childhood: The Role of the Paraprofessional
- Module 6: Working with Individuals Who Are Medically Fragile or Have Physical Disabilities
- Module 7: Transition: The Role of the Paraprofessional

Each module is designed to stand alone, so you may select any one that best meets your needs. However, it's recommended that everyone begin with Module 1 because it provides a basic framework for work as a paraprofessional and for the material covered in all the other modules.

The training you are about to begin will not only address the current reality for paraprofessionals working with individuals with disabilities, but more importantly, the challenges for the future in your career as a paraprofessional. Paraprofessionals aren't expected to have a total understanding of all the concepts in these modules, but the paraprofessional who has a working knowledge of these core concepts will be most effective.

Guiding Principles

Each module emphasizes six basic guiding principles for paraprofessionals working with individuals with disabilities. Those principals include:

- The individual with a disability is the ultimate locus of control and is the most important member in the decision making process.

- The family is the other primary locus of control. Family involvement is essential in any decision making process.
- The team concept is essential in setting up a plan with an individual. This team includes the individual, the family, and all those working with the individual, including the paraprofessional. The paraprofessional is an essential link between what is and what can be for the individual. The best follow-through on any plan comes from teamwork.
- The community should be the basis for all training, as much as possible. This means that, whether offering real-life examples in the classroom or working in real life situations in the community, the focus must be on the most natural setting and support possible. This is essential so the individual can make connections between what is being learned on a daily basis and the real world. This will help the individual generalize the experience to similar situations in his or her life.
- Inclusion is the goal. This means that individuals with disabilities should be included in the mainstream of society – work, school, and recreation. Devotion to such a model will create the most positive results for the individuals and society as a whole. Inclusion suggests that we can and will all benefit by learning to work and live side by side with each other.
- The most effective paraprofessional will be the individual who has a good self-esteem and is able to be assertive. The assertive paraprofessional is able to ask for support and guidance from staff.

About You: The Adult Learner

We know that the adult learner learns differently than younger learners. This training reflects that understanding. In *Strategies for Paraprofessionals Who Support Individuals with Disabilities* we respect these principles about you, the adult learner:

- You are capable and eager to learn new information.
- You have voluntarily given your consent to become a part of this training, and are spending valuable time and money in order to participate.
- You have a rich range of experiences. Therefore you learn best when new information is built upon your past knowledge and experiences. That's why we will do exercises to help you synthesize the old and new information together.
- You come to a new learning situation as a self-reliant learner who has a good idea of how you want and expect to learn.
- Your willingness to learn is based on a combination of outside forces (family, kids, job, etc.) and inside forces (your anxiety, excitement, fears, etc.). All these factors are going to affect your feelings about learning.

- You come into new learning with your own agenda. You know what you want to get out of the training.
- You have set aside time and reorganized priorities to make this learning part of your already-busy life.
- You expect and genuinely appreciate a facilitator or instructor who is well-informed and well-prepared.
- You need to get actively involved in the learning exercises to get the most out of this curriculum.
- You want to apply what you learn to your own situations. That's when it has real meaning for you.
- You need a safe, comfortable environment in which to learn.
- You want to establish networks with others who are also interested in paraprofessional skills.

Because of these facts about you, trainers will:

- Review and ask questions about what you know.
- Respect and view you as a resource.
- Create a comfortable environment.
- Expect you to take responsibility for your own learning.
- Plan opportunities to practice new skills during class.
- Give examples of how to apply information.
- Use a variety of types of instruction.
- Provide ways to evaluate training.
- Use alternate methods to help you understand.
- Give information in a logical sequence.
- Give time for you to share your experiences.
- Give you the chance to get know other paraprofessionals.

After the Training

You will leave this training with more information about paraprofessionals than you had when you started. It's important to remember that no matter how much knowledge you have about your job, the individuals you work with are your greatest trainers. Each one is unique and has his or her own interests and needs. The greatest responsibility you have is to listen to those interests and needs, remember what you have learned, ask what is needed, and use that information in your working relationship and responsibilities.

Therefore, use this training as a basis and build your skills from this point, drawing upon each setting and individual. Whether client, student, teacher, supervisor, principal, director, or superintendent, you will learn from each. With each setting and situation your confidence, ability, and skills will continue to grow. Remember, this training is only as good as the degree to which you use what you learn; seek assistance so you can "do what you know."

1

Chapter One

An Introduction to Early Intervention & Early Education

1 Introduction
2 Section 1 Fundamentals of Early Intervention and Early Education Programs
6 Section 2 Legal Foundations of Early Intervention and Early Childhood Education
9 Section 3 Roles and Responsibilities
13 Summary
13 Questions to Ponder

Introduction

The terms *early intervention* and *early childhood special education* refer to services for young children who have disabilities or who are "at risk" for disabilities. Early intervention refers to education for infants and toddlers (birth through two years), while early childhood special education is for preschool children aged three to five. In terms of special education, this is a relatively new and rapidly growing field. Early intervention differs from working with school-aged students or adults with disabilities in numerous ways. The emphasis is on the family and the unique characteristics of young children. Children in particular must be viewed in relation to the family because of their dependence on adults to provide their primary care needs. Young children who are eligible for special education may have a broad range of disabilities and needs which all require individualized instruction and care.

In order to meet the needs of families and children with special needs, paraprofessionals who are employed in early intervention services need training in the fundamentals of early intervention, child development, assessment, instruction, and observation. Obtaining specific skills to work with families and children from diverse backgrounds is crucial for competent service providers. This module is designed to help prepare paraprofessionals for a variety of roles in the field of early intervention.

There are several critical elements of service delivery in conjunction with educational programs for individuals with disabilities: two of these are federal funding and policy. The Individuals with Disabilities Education Act (IDEA) is the comprehensive law which outlines federal policy concerning the education of and early intervention for infants, toddlers, children, and youth with disabilities. IDEA is made up of the Education for All Handicapped Children Act (otherwise known as PL 94-142), the 1986 amendments to the act which support early intervention services (PL 99-457), and PL 101-476, which supports the inclusion of transition services.

Paraprofessionals play a major role in helping children and families reach their goals. They do this by being familiar with the basic principles of early intervention and by being aware of their own roles and responsibilities in both their classrooms and as home-visitors.

Upon completing this chapter, you should be able to:

- Demonstrate an understanding of the basics of early intervention and early education.
- Recognize the legal history and characteristics associated with early intervention and early education.
- Clarify the roles and responsibilities of a paraprofessional working in an early childhood program.

Section 1

Fundamentals of Early Intervention and Early Education Programs

Why Early Intervention is Necessary

There are four fundamental assumptions on which early intervention services are based:

- Children who have disabilities or are at risk for disabilities need and have a right to specialized services to maximize their development and the likelihood of success.
- Families of children with disabilities often experience special needs and stress.
- The provision of earlier services can mean the achievement of optimal outcomes for children and families.
- Because of the unique characteristics, needs, and resources of each child and family, no curriculum or set of services could be expected to meet the needs of all. An individualized approach to service planning and delivery, therefore, is essential.

Adapted with permission from D. Bailey and M. Wolery (1992). *Teaching Infants and Preschoolers with Disabilities.* New York: Macmillian Publishing Company.

Goals for Early Intervention

Goals in early intervention are individualized to meet the special needs of children and families. However, the assumptions listed below are important for service providers to keep in mind as they work with families and children. These assumptions are the background for the goals of early intervention and for the use of ecological and family systems perspectives for service delivery:

- To support families in achieving their own goals.
- To promote child engagement, independence, and mastery.
- To promote development in key developmental domains.
- To build and support children's social competence.
- To promote the generalized use of skills.
- To provide and prepare for normalized life experiences.
- To prevent the emergence of future problems or disabilities.

Adapted with permission from D. Bailey and M. Wolery (1992). *Teaching Infants and Preschoolers with Disabilities.* New York: Macmillian Publishing Co.

Activity 1

Make a table on a separate sheet to compare the differences and similarities between the goals for early intervention versus special education for school-aged children and adults. Discuss the assumptions and goals for early intervention. Ask questions such as, "Do you think these goals are as important for older children, why or why not?" and "Do you think that it's important to begin intervention as early as possible? Why or why not?" The

Continued on p. 3

Systems Theory

The goals for early intervention listed above recognize it's impossible to separate children from the context of the family, the community, and the society as a whole. Children are an integrated part of everyday life. This integration can be seen by utilizing the systems *theory*. The systems theory applied to the family helps us to understand several things. First, we can see how the various individuals function within a family. Second, we can observe how the family interacts with individuals and outside agencies. It's crucial that we understand the systems of each family so we can provide the most beneficial services. The following are the basic principles of the systems theory:

The Family is a Mobile

A mobile is a collection of objects that are in constant motion within a framework. A family is the most versatile, ever-changing mobile that ever existed – it's a living mobile, made up of human personalities. When one part of the "mobile" changes, the movement is seen throughout the entire family. Because people are always growing and changing, the family mobile must change to adapt to the needs of individual family members. The ability of the family to make the necessary adaptations is very important for overall family health.

Families Develop Patterns of Interaction

Families develop and maintain dozens of patterns, including mealtime activities, holiday rituals, ways to manage feelings, and ways of dealing with people or agencies outside of the family system. This pattern is often described as the family "dance". Individuals in the family learn the steps involved, and move together in harmony. Many times, the birth of child, with or without disabilities, changes the steps in the family dance. Families may need help to adjust to changes and to begin "dancing" together again.

Beliefs Influence Others' Behavior

Families often have a set of beliefs that are passed on to children. These beliefs may relate to how the family views the world they live in. For instance, the world may be perceived as dangerous or safe, predictable or unpredictable. People outside the family, such as early interventionists, may be trusted or mistrusted. These belief systems often cut across generations and may affect child-rearing practices and child behavior. For instance, some families may value independence in their children, while others may want all the family members to stick close together. These belief systems will have a powerful effect on the family's relationships with early care providers.

Continued from p. 2

assumptions talk about children being "at-risk" for developmental delays.

In Minnesota, children who are at risk are currently not eligible for special education services. However, understanding at-risk is important. Ask participants to think of conditions that may make children at-risk for disabilities. At-risk may refer to children who have some sort of physical condition, such as low-birth weight, complications at birth, and early medical problems such as ear infections, or high fever. Poverty, single parenthood, teenage parents, and ethnicity aren't "risk" factors.

Discussion 1

What individuals do you feel have had a significant influence on your life?

Discussion 2

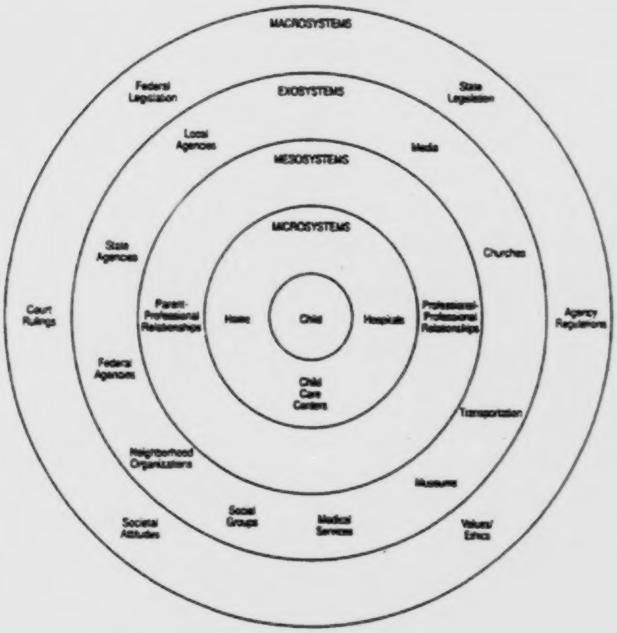
What are some possible influences on a child at each level of the systems theory?

Show Transparency 1.1

Families are Part of a Larger Ecology

To truly understand children, we have to take a look at their ecology. Ecology means the "interactions between individuals and their environment". The ecology of a child includes the influences of culture and society, places, materials, and people inside and outside of the family. There are different levels of influences on the child. These are called the microsystem, the mesosystem, the exosystem, and the macrosystem.

The diagram below represents the amount of influence each of these levels can have on the child. The closer the circle to the child, the more influence on the child's development.


MACROSYSTEMS
Federal Legislation
State Legislation
EXOSYSTEMS
Local Agencies
Media
MESOSYSTEMS
MICROSYSTEMS
State Agencies
Churches
Court Rulings
Parent-Professional Relationships
Home
Child
Hospitals
Professional-Professional Relationships
Agency Regulations
Federal Agencies
Child Care Centers
Transportation
Neighborhood Organizations
Museums
Societal Attitudes
Social Groups
Medical Services
Values/ Ethics

A *microsystem* is a setting in which the infant or preschooler spends a significant portion of time. Examples are the home or family, child-care center, family daycare home, or hospital.

Mesosystem refers to the interrelationships among the microsystems of which the child is a part at a particular point in his or her life. The mesosystem is made up of relationships between the child's parents (or primary caregivers) and physicians, teachers, or therapists. It also includes relationships between professionals who work with the family.

The *exosystem* is composed of the concrete social structures that influence the activities of the microsystem. This may include local, state, and federal agencies, neighborhood and community organizations, transportation systems, media, churches, and public health and school systems.

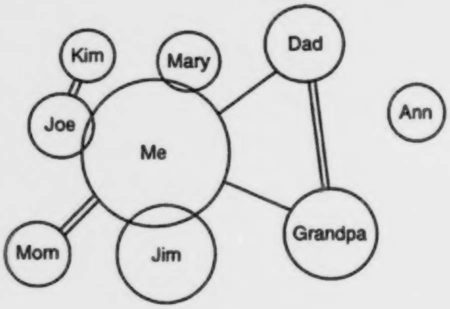
The *macrosystem* is the cultural, legislative, and judicial context in which the micro-, macro-, and exosystems operate. It includes legislation, prevailing social attitudes, and ethical or moral principles and issues.

It's clear from these descriptions of the family and the ecological system that early childhood care providers influence the life of a child on many levels. Paraprofessionals become an additional system with the family and may have an impact on the child through providing direct care, communicating with parents and other care providers, becoming involved in their own or the child's community, by advocating for children, being familiar with special education legislation, and approaching their work with an understanding of the family's ecological system.

This section contains information from D. Bailey and M. Wolery (1992) and W. Doherty and V. Peskay (1992). Family Systems and the School. In S. Christenson and J. Close Connoley. *Home-School Collaboration.* Washington DC: National Association of School Psychologists.

Activity: Creating a Family Mobile

Create a family mobile in the space provided below. Use circles to represent the people in your family. Put the circles in any order to show the relationships between people in the family. People who are important to you should also be included. Lines between the circles represent the relationships. You may use double lines to show strong relationships, wavy or dotted lines to show weaker or more distant bonds.Here's an example of a family mobile:



Use the space below to make your own mobile.

Show Transparency 1.2

Activity 2

Using Transparency 1.3, ask participants to follow along using their own copy of the circle diagram. Remind participants that the innermost circle represents themselves or their family. As you move away from the inner circle, influences on the individual are less direct. Ask participants to complete diagram and bring to next class, or you may choose to do this activity in the large group.

Section 2

Legal Foundations of Early Intervention and Early Childhood Education

Education for All Handicapped Children Act: PL 94-142

This legislation was created in 1975 and guaranteed school-aged children with disabilities the following:

- The right to a free, appropriate public education regardless of the type and severity of their disabilities.
- The right to an individualized and appropriate education through Individualized Education Plans (IEPs).
- The right to assessment for classification and placement that is free of bias and conducted only with parental notification and consent.
- The right to placement in the least restrictive environment. Children with disabilities must be placed, to the maximum extent possible, in regular education settings with their peers without disabilities.
- Parents have a right to procedural due process. They may question and challenge actions by the school concerning their child with disabilities. Parents are to be involved in planning and developing their children's educational programs.

Discussion 1

What are some principles of family-focused, multi-disciplinary, and coordinated services?

PL 99-457 and Part H Amendments

People working with infants, toddlers, preschoolers, and their families are most affected by this piece of legislation because it extended the rights in PL 94-142 to children aged three to five. In addition, Part H is the legislation that set forth the criteria for the provision of early intervention services for infants and toddlers.

The services outlined in this legislation were created with several purposes in mind. The goals of early intervention are to enhance the development of infants and toddlers with disabilities and to minimize the potential for developmental delays. By providing intervention when children are young, the need for special education services for school-aged students may be reduced, which in turn may cut the educational costs to society. Finally, early intervention is believed to maximize the potential for individuals to live independently in society and enhance the capacity of families to meet the needs of their children with disabilities.

Along with all of the rights provided through PL 94-142, Part H gives incentives to states to provide services to infants and toddlers (birth through two years of age) who have disabilities. Those services are:

- **Family-focused:** The needs of the family, not just the child, are considered. Family functioning is critical to the successful development of the child. Therefore family needs are assessed and addressed in the Individualized Family Service Plan (IFSP).
- **Multi-disciplinary:** This means that two or more disciplines or professions are involved in evaluation and assessment activities and development of the IFSP. Personnel involved may come from health, education, and community services.
- **Coordinated:** Families are provided the services of a service coordinator who is responsible for coordinating all services across agency lines and serving as the main point of contact in helping parents to obtain the services and assistance they need. Parents may also choose to act as their own service coordinators.

To help states achieve these family-focused, coordinated service delivery systems, the law calls for the development of state Interagency Coordinating Councils. These councils are made up of parents of infants, toddlers, or preschoolers with disabilities, public and private early intervention service providers, representatives from the state legislatures, individuals involved in personnel preparation, and members from agencies involved in early intervention services. These councils advise and assist the lead agency to make decisions regarding early intervention services. In Minnesota, the Department of Education is the lead agency.

Array of Services

Service providers and paraprofessionals who are involved in the early stages of intervention are likely to work in a variety of settings. This is primarily due to the family-centered, multi-disciplinary care needed by the individuals involved. Common work settings for paraprofessionals in early childhood programs are center-based programs, home-based programs, or a combination of both.

Center-Based Programs

Preschool children with disabilities most often receive services in center-based programs. Center-based programs may be segregated, meaning only children with disabilities are in the classroom, or the may be integrated, where children with and without disabilities are taught in the same classroom. In these programs, children typically spend three to six hours a day engaged in a variety of play, instructional, and therapeutic activities. The services are usually very child-focused. Some center-based programs offer a range of family services and supports. Parents are encouraged to become involved in their child's program by observing and participating in activities and attending parent training sessions which will help them to teach their child skills at home. Center-based programs help prepare children with disabilities to enter kindergarten in regular education classrooms by providing them with opportunities to learn class routines and interact with other children.

Home-Based Programs

Under this model, services are provided in the child's home. Staff may visit the home anywhere from once a month to two or three times a week. Most home-based programs serve children under the age of thirty-six months. Because of the relatively small amount of direct contact with children, home-based programs usually focus on working with parents. Professionals concentrate on providing parents with information about how to teach or play with their children. Some programs view the professional's role as one of providing family support. Home-based programs help children remain in their natural settings, and they may be more responsive to family needs. However, as children get older, they may benefit from some participation in center-based programs.

Other Settings

Many paraprofessionals work in settings other than homes or early childhood special education classrooms. Paraprofessionals often accompany children with disabilities into community-based programs or classrooms such as Head Start, where they're integrated with their peers without disabilities. Paraprofessionals may also work in Early Childhood Family Education (ECFE) programs. These programs provide a variety of services to families of children between birth and kindergarten with a focus on parent and family education. Children don't need to have developmental delays to be involved in this program.

Some paraprofessionals may be employed in hospital settings, where children who are chronically ill are provided many of their early intervention settings. Paraprofessionals may also be involved with social work and case management, parent training and child find programs, as well as physical, speech, or occupational therapy programs.

Section 3
Roles and Responsibilities

Discussion 1

Have you ever been put in an inappropriate situation in a work setting? What are some alternative ways the situation could have been handled?

Paraprofessionals working in education and related services for children and youth with special needs will demonstrate:

- An understanding of the value of serving children and youth with disabilities in integrated settings.
- An understanding of differentiated staffing patterns and the distinctions among the roles and responsibilities of professional and paraprofessional personnel.
- An ability to communicate with colleagues, follow instructions, and use problem solving and other skills that will enable them to work as effective members of the instructional team.
- A knowledge of the legal and human rights of children and youth with special needs and their families.
- An ability to practice ethical and professional standards of conduct established by the agency where they're employed.
- A sensitivity to diversity in cultural heritages, life styles, and value systems among the children, youth, and families they serve.
- A knowledge of patterns of human development and milestones typically achieved at different ages and risk factors that may prohibit or impede typical development.
- An ability to motivate and assist children and youth with disabilities to build self-esteem; develop interpersonal skills that will help them avoid isolation in different learning and living environments; and strengthen skills to become more independent by monitoring and controlling their behavior.
- An ability to follow health, safety, and emergency procedures developed by the agency where they're employed.
- An ability to use assistive technology and adaptive equipment and provide any required special care or physical assistance (e.g., positioning, transferring, and feeding).
- A knowledge of use or need for appropriate interventions.

Paraprofessionals and teachers often work in the same environment, yet their responsibilities are quite different.

Roles of Teachers

- Assessing the developmental levels of children.
- Consulting with professional colleagues and participating in the preparation of individual family service plans and individual education plans.
- Developing instructional objectives for individual children.

- Implementing the instructional program along with paraprofessionals and other professional personnel.
- Evaluating the effectiveness of the program.
- Involving parents in all aspects of their child's education.
- Coordinating and supervising the work of paraprofessionals and other support staff.

Roles of Paraprofessionals in Home-Based Programs

- Collecting and charting data about a child's developmental level during home visits.
- Participating as a member of the IFSP team responsible for developing service plans and education objectives for parents and their children.
- Listening and communicating with parents in order to gather information the service delivery team can build on to meet the needs of the child and family.
- Having a knowledge of health care providers, social services, education agencies, and other support systems available in the community to assist parents and their child; and an ability to support parents and provide them with the skills and information they require to gain access to these services.
- Enhancing parent interactions with their child by using or demonstrating effective techniques and materials to stimulate cognitive, physical, social, and language development.

Roles of Paraprofessionals in Center-Based Programs

- Using developmentally appropriate instructional interventions for curriculum activities in the areas of cognitive, motor, self-help, social/play and language development for infants and young children up to age five.
- Having the ability to gather information about the performance of individual children and their behaviors; and share it with professional colleagues.
- Organizing learning centers and preparing and using developmentally appropriate materials.
- Communicating and working effectively with parents and other primary caregivers under the direction of the teacher.
- Understanding behavior and instructional interventions.
- Maintaining healthy environments.
- Attending IFSP/IEP meetings at the request of the teacher or administrative personnel.

These roles and responsibilities provide the outline for this training module. The rest of the module will focus on the information that paraprofessionals will need in order to fulfill their responsibilities within a variety of settings.

Activity 1

Encourage participants to respond to the following situations individually, then ask them to share their responses in a large group or several small groups.

Activity: Roles & Responsibilities

These are descriptions of situations an instructional team might encounter in its day-to-day work listed below. Check *A* if you think the activity is an appropriate duty for a paraprofessional. Check *I* if you think it's inappropriate, or *U* if you're unsure. Briefly describe why you responded the way you did and be prepared to discuss your reasons with other participants.

1 It's the fourth week of the new year and tomorrow the teacher will be attending a IEP meeting that begins at 8:00 A.M. (The meeting was scheduled for this time because it was more convenient for the child's parents.) The children in the class are scheduled to arrive at 9:00 and the IEP meeting will probably not end before 10:00. The principal has asked the two paraprofessionals who work with the teacher to be responsible for the class while the teacher is out of the room.

A ☐ I ☐ U ☐

Reason:

2 Juanita is four years old and is starting preschool. She has a physical disability and requires assistance to eat, button her coat, and perform other self-help skills. Her IEP calls for a paraprofessional to be assigned to assist her with her special needs. The teacher asks the paraprofessional to read stories to small groups of children, to help prepare learning centers, and to take part in activities involving all the children.

A ☐ I ☐ U ☐

Reason:

3 Jon disrupts group activities almost every day, and from time to time he tries to interrupt the individual projects or play of the other children. The teacher asks the paraprofessional to spend most of the day supervising him.

A ☐ I ☐ U ☐

Reason:

4 There are four paraprofessionals assigned to work alongside the teacher and provide direct services to children. Because the paraprofessionals live in the community and are familiar with the cultural heritage and language spoken in the homes of the children, the teacher asks them to make home visits with him.

A ☐ I ☐ U ☐

Reason:

5 Two of the children enrolled in the program require medication and other specialized health care. A third child must be moved from her wheelchair and be positioned using adaptive equipment. The paraprofessional has been asked to attend a workshop to learn how to monitor and/or assume responsibility for administering the medication and using the other health care procedures, and learn how to carry, transfer, and position the child.

A ☐ I ☐ U ☐

Reason:

Summary

Early intervention and *early childhood education* are terms referring to individuals with disabilities from birth to five years of age. Early intervention focuses on the family and the individual's natural environment. Early childhood education focuses on the educational needs of these individuals in particular. Young children with disabilities will have their own individual needs. Gaining the skills necessary to recognize these needs is crucial.

Federal legislation is the strongest influence in the area of special education services. The funding and policy of these services is defined under the Individuals with Disabilities Education Act (IDEA). IDEA supports the services involved in any early intervention or early education program.

Paraprofessionals have a variety of roles and responsibilities in early intervention and early education programs. It's extremely important for paraprofessionals to fully understand their roles and responsibilities in all work settings.

Questions to Ponder

- How can systems theory be applied to other settings in your life?
- Are you and your superiors clear on the roles and responsibilities of paraprofessionals in your work setting? If not, how can you clarify them?

2

Chapter Two

Child Development in the Early Years

15 **Introduction**

16 **Section 1 Basic Principles of Child Development**

18 **Section 2 Developmental Domains**

30 **Summary**

30 **Questions to Ponder**

Introduction

It's critical for people working with infants, toddlers, and preschoolers to have a working knowledge of the foundations of typical childhood development. One of the first key concepts of development is that all people are capable of growth and that they'll develop in a predictable sequence. This is called the "developmental assumption". Familiarity with this sequence will help us to:

- Understand the degree of delay that children experience and formulate expectations about their behavior.
- Make decisions about goals for children.
- Conduct and interpret results from assessment.
- Appreciate the progress that children make.
- Communicate with parents about their child's abilities and behaviors.
- Become advocates for children and families.
- Become better observers.
- Become better teachers.

Developmental domains are all interrelated. For instance, a person's cognitive development will most likely have an effect on his or her ability to communicate with others. Physical development may affect other domains when an individual has some sort of sensory or physical impairment. For instance, an individual who is blind may have a more difficult time learning the names and properties of objects. Someone who can't hear spoken language may have delayed communication skills. Children who have limited physical mobility may have difficulty developing the independence which is associated with social and emotional development.

Another important feature of developmental domains is that the skills become more "differentiated" as children get older. For the infant, development is mostly expressed through physical growth and maturity. For example, reaching for a toy may be viewed as a motor skill, as a cognitive skill (the infant is aware of and remembers objects) and as a social-emotional skill (the infant interacts with his or her environment for the sake of enjoyment – he or she plays). As children get older, they express development across domains through a variety of complex behaviors. Motor development occurs when children skip; problem-solving indicates cognitive development; speaking in sentences is a function of language development; and engaging in pretend-play with friends indicates social-emotional development.

Finally, the description of developmental domains in this training module is very limited. It's impossible to talk about all that is known about development for this course. Entire textbooks are written for each of these domains. Also, what is taught here only represents one view of development. People are continuously studying children's development and developing theories about why and how children develop. In order to learn more about development, you may refer to Appendix B which gives a more detailed look at young children's development across domains. You may also want to ask the teachers with whom you work to talk about development and provide you with more resources.

Upon completing this chapter, you should be able to:

- Demonstrate a broad base of knowledge on principles of child development.
- Recognize the characteristics of the developmental domains: motor, cognitive, social-emotional, and communication.

Section 1

Basic Principles of Child Development

Discussion 1

What are some examples of the principles of child development you have seen in your own experiences?

Principles of Child Development

Development is a Continuous Phenomenon

This refers to the belief that development continues throughout the life span. While physical growth seems to stop (at least in height), human beings continue to develop socially, emotionally, intellectually, etc., throughout life.

Cumulative and Directional Aspects of Change

Every stage or behavior within a stage builds on what has gone before, and it forms the foundation for what is yet to come. Development is thought to be cumulative: all developmental change contributes to an essentially forward direction.

Qualitative vs. Quantitative Change

Human growth falls into two categories: qualitative and quantitative. *Quantitative* change refers to physical growth – height and weight. On the other hand, *qualitative* change means that the person is different than they were at an earlier stage. Skills may build, one on the other, but at the end of certain phases the organism has changed in some meaningful way. An example of qualitative change is the butterfly. The caterpillar passes through dramatically different stages en route to becoming a butterfly. It's the same with humans: as we grow from infants to adults, the way that we think and perceive and reason about the world is reorganized into a more complex and different form.

Complexity, Differentiation, and Coordination

As the child gets older and more mature, his or her behavior, emotions, motives, abilities, and language become more, not less, sophisticated. This complexity is the result of "differentiation" and "coordination" of behaviors.

Differentiation refers to the fact that behaviors move from the general to the more specific. As children become older, different parts of the body or the brain become differentiated and perform more specific functions. For example, infants move their whole arm in a random manner to reach for an object before they can control their hands and use their fingers to pick up a toy. Coordination means that children learn to combine various skills, behaviors, or movements and have them work together as a unit. For example, children initially differentiate single words as they acquire a speaking and listening vocabulary. Eventually, they can combine those words into correct sentences, and use the sentences to express more complex thoughts and ideas.

Development Occurs in Stages

Development is seen as occurring in a stair-like manner; it's an orderly process with patterns that can be predicted. The sequential nature of development places certain restrictions on how change can occur:

- The various stages or steps can't be skipped. Infants can't go from sitting up to walking – they must crawl on their hands and knees in between.
- The essential order can't be disturbed – that is, the infant doesn't go from sitting to walking and then back to crawling.
- The order of stages, as well as their content, is universal – they're found in children everywhere, regardless of their social or cultural background. However, not everyone progresses equally through the stages.

Change Results from Interaction Between Biology and Environment

Development is affected by both maturation and environment. Maturation refers to changes that are "built in" to people and that unfold naturally with the passage of time. The environment, or the opportunities for the child to learn from experiences, interacts with the forces of maturation to create developmental change.

Children are Active Learners

Children play a large role in their own development by actively seeking out opportunities to explore their surroundings. Children are genetically "programmed" to initiate interactions with the environment through play and through forming relationships with other people who can help them access the environment.

Activity 1

After discussing the principles of development, show Transparency 2.1. Ask participants to react to the statement "All people are capable of growth and development. In particular, ask them: "Why is this statement important to people with disabilities? Why is this statement important in the support of inclusion of children in the setting with their peers without disabilities?" Finally, discuss the impact that environmental factors, such as poverty, have on development of a child. Ask, "What are some of the factors that might speed up or slow down development?" Make sure it's understood that all children will grow and develop, despite some of these factors.

Show Transparency 2.2

Discussion 1

What are some examples of developmental domains which are interrelated? How are these domains expressed with the different ages of children?

Developmental Domains

Development takes place across domains – that is, there are "areas" in which children develop. The domains most often used are cognitive, communicative, social-emotional, and physical. These domains are interrelated but are usually discussed separately for organizational purposes.

Individual Differences

Development is the result of such factors as each person's unique characteristics (such as intelligence, attitudes, personality), family characteristics (such as parental discipline, family size), and events that take place in one's life. Development can proceed at different rates within an individual person. For example, a person may have typical physical development but delayed cognitive development.

Adapted with permission from Bentzen, W.F. (1985). *Seeing Young Children: A Guide to Observing and Recording Behavior.* New York: Delmar Publishing.

Section 2

Developmental Domains

Normal development is never "normal". A unique set of environmental and biological factors contributes to each person's development. However, general areas of behaviors or skills have been identified by individuals who work with and study children. These areas are often described in terms of "domains". The domains that will be described in this module are *Motor, Cognitive, Social-Emotional,* and *Communication.*

Motor Development

> Through exploring and manipulating the environment, the helpless and dependent baby grows into a self-sufficient and competent child. From being carried by another, through taking the first faltering steps, the child moves toward coordinated mastery of physical movement. From random thrashing movements, through increasingly purposeful use of hands, to skillful, precise, and coordinated use of tools and technology, the child becomes a contributing member of the human family. Physical development enhances cognitive growth as real actions bring understanding to abstract concepts.
>
> *Minnesota Department of Education (1991, p. 24)*

Motor, or physical, development refers to the growth of the young child's body. During the first year of life, the child's physical development proceeds rather rapidly. Physical development is often a "benchmark" of the child's overall development. That is why physicians are often the first to identify children who may be at risk for developmental delays. For example, if an infant reaches the age of twelve months and still hasn't been sitting up, parents and professionals may want to begin looking at other areas of the child's development.

Physical development is often referred to as "maturation" and it's very closely tied to genetics. We often look at children who have tall parents and expect that they'll also grow to be tall. Physical development also unfolds at very specific times. For instance, we would expect most people to reach puberty sometime during the teenage years.

These are some general principles of motor development during the first few years of life that are important to learn:

Head-to-Toe

Motor development starts from the head and progresses down to the feet. This is called "head-to-toe" development. Infants begin their motor development by first moving their heads and facial features. They next develop the ability to control and bring their arms together in front of their body. The trunk is next, as babies begin to roll their bodies and bring their feet up towards their face. Finally, the baby gains control of the hip as he or she learns to sit, then the hip and knee work together for crawling. Overall head-to-toe control appears when the baby takes his or her first steps. This motor development usually takes place during the first year. However, it usually takes three years for the child to develop complete control of his or her body in standing postures.

Proximal to Distal

Proximal means close to the body; *distal* means away from the body. The shoulder is proximal; the hand is distal. Babies must develop proximal stability before doing intricate hand and foot movements. Trunk control is needed for balance, to serve as the base of support – before working on fine hand skills, the baby must be able to sit well.

Gross, Fine, Finest

During the first year, babies rapidly develop gross, or large muscle, control of large motions. The baby changes from a newborn without head control to a child learning to walk. This process develops as a result of the head-to-toe principle.

From ages one to two, the child's focus changes to fine skills – those that involve manual dexterity and problem-solving. For instance, the child begins to sit for long periods of time working with blocks, puzzles, and clothing, learns to eat without help, and loves to explore new objects with his or her hands and fingers.

From ages two to three, skills are refined even more. The mouth and tongue move in specific ways to create speech and the hands become capable of using eating or writing utensils. These finer skills are built on a solid foundation of gross motor skills. As children become older, they demonstrate a wide variety of both fine and gross motor skills. A typical four-year-old will run, dance, hop, clap, string beads, pick up small objects, and begin to show control over his or her body by sitting for a long period of time and listening to a story, and by imitating the complex behaviors of adults.

Perceptual-Motor Development

Two aspects of a child's growth combine to produce perceptual-motor development. Perception is any process by which children become aware of what is happening around them. Children gain information through their senses – what they see, hear, smell, taste, and touch. As children grow older, they begin to organize perceptions and make sense of them. The perceptions then tell the body how to move in response. Perceptual-motor development is the process by which children learn to move different parts of their bodies as they get involved with objects and people they perceive.

Perceptual-motor development is really a combination of a child's motor skills and cognitive skills. Children "learn" that ovens are hot when you touch them (they got this information through their senses – their memory of ovens being hot reminds them not to reach out their hands and touch the oven). The first few years of life are very important in developing perceptual-motor skills. As we'll see in the section on cognitive development, educators refer to this as the "sensori-motor period" of cognitive development.

Cognitive Development

> The mind of the child is searching for meaning. This drive, or yearning to know, is the basis for intellectual development.
>
> As the child attaches meaning to perceived events and experiences, each new event is incorporated into the child's expanding image bank, providing for new approaches to tasks. The child moves from a reliance on concrete objects and first-hand experiences to an increasing ability to think more abstractly. Through observing, listening, and making inferences related to life experiences, the child becomes capable of complex thinking.
>
> Curiosity motivates the child to solve problems, at first by trial and error and later through using strategies, resources, and techniques to test out hypothetical possibilities and find solutions. The child learns to acquire, organize, and use information in increasingly complex ways.
>
> *Minnesota Department of Education (1991, p. 25)*

Cognitive development refers to a person's ability to think about and perceive his or her environment. Because cognitive development is concerned with what's happening in someone's brain, it's difficult to know exactly how a person's cognitive ability develops. Most of the information we have about cognitive development comes from observing infants, toddlers, and preschool children as they interact with the environment.

In general, cognitive development is thought to involve the processes of attention, perception, memory, problem solving, and logical thinking. As the child grows, he or she uses these processes to become a more complex person who can interact with the environment in a variety of ways.

Attention refers to a child's ability to look at and play or work with an object for an extended period of time. If a child isn't able to sustain attention for long enough, he or she won't be able to learn as much about the properties of the object or the task.

Perception refers to the senses that were discussed in the section on motor development. Perceptions become increasingly more organized in the brain of the child. For instance, the older child may be able to close his eyes and be able to identify an object as an orange by tasting it, smelling it, feeling it, and finally seeing it. This is because children integrate, or put together, information they have gathered through their senses. This information affects the way children move their bodies, or react (either socially, emotionally, or cognitively) to people or objects in the environment.

Memory is necessary for all learning to take place. Memory enables people to link past and present experiences in order to understand their environment. For example, very young children use memory to differentiate their parents from strangers. The child who stays away from something dangerous is using his or her memory of a negative experience, such as a parent yelling "no", to protect him- or herself. Memory is also functioning when people use language to name objects or describe events that have happened in the past.

Attention, perception, and memory combine to aid the child in becoming an active problem solver and logical thinker. Problem solving begins in early infancy. When babies perceive they're hungry, they solve the problem by remembering that when they cry, someone will come and give them food. Children learn the cause-and-effect nature of the world when they push a button and a toy makes a sound. If the sound is pleasant to the child, he or she will remember to push the button when presented with the same toy.

Each of these processes become increasingly complex as the child develops into a preschooler who sings songs, tells stories, puts items in order from smallest to largest, names colors and numbers, and tries to convince his or her parents that bedtime is too early. Learning is believed to continue throughout the life span of individuals. This makes sense because the longer we live the more learning experiences we can have. Human beings are active learners: we seek out experiences and are constantly trying to understand the objects and people with whom we come in contact. For children, play is the primary way for learning to occur.

Discussion 2

Read Piaget's theory of cognitive development. How can cognitive development affect behavior? What are some examples of "faulty reasoning" children in the pre-operational stage use?

Stages of Cognitive Development

In the early 1900s, Jean Piaget developed a theory of cognitive development by watching the way his children interacted with objects throughout their childhood. This theory is very popular in child development and education because it's been the foundation of much of the research on child development.

There are four stages described in Piaget's theory: *sensori-motor, pre-operational, concrete operational,* and *formal operational.* Although children move through these stages at different rates, all children begin at the sensori-motor stage and go through the stages in order. It isn't possible to skip over a stage. An important point to know is that not all people will pass through all the stages. Some people may have disabilities which prevent them from progressing all the way through.

Sensori-motor Stage

During the first two years of life, the child learns to control his or her body in space. The infant uses physical senses and motor capacities to interact with and learn about the environment. Children at this stage learn that certain actions have a reliable effect on the environment. The final achievement of this stage is *object permanence,* which means that children realize that objects or people continue to exist even when they can't be seen or heard.

Pre-operational Stage

During this period, thought is dominated by what is seen. The child isn't able to attend to more than one thing at a time where space, time, volume, shape, and weight are concerned. For instance, if a child is shown two identical balls of clay, and then one is smashed down like a pancake, the pre-operational child will insist that the flattened ball is bigger and has more clay. This is despite the fact that the child saw that the two balls were exactly the same size before. Language development during this period is very rapid. In the beginning, children may use the word *dog* to describe any animal which walks on four legs; they gradually learn appropriate labels for animals. Children also show a greater interest in playing with other children, and they begin to give reasons for their beliefs and actions. However, the pre-operational child will often show faulty reasoning because they're not yet skilled at integrating a lot of information. Children are typically in this stage until about age seven.

Concrete Operational Stage

From the ages of seven to eleven, children become capable of mentally seeing an object or event; they can understand that a piece of clay contains the same amount of material whether it's a in circle or a rectangle. They're also able to think about what happens to objects without having to experiment with the object. For example, they recognize that water in a tall, thin glass can be the same amount of water in a short, fat glass. During this stage of development the child can reason, but only when using concrete objects.

Formal Operational Stage

By the time children reach the age of twelve, their cognitive development is characterized by thinking and reasoning. They can think about abstract concepts like love, peace, and right and wrong. They can hypothesize about events and consider more than one variable at a time. Mental development is usually complete by the end of this period, around fifteen years of age.

Language Development

> All of the young child's learning grows out of communication with self, others, and the environment, as meaning is attached to experiences, events, and interactions.
>
> Communication is a process of giving and receiving nonverbal and verbal messages to reflect self, share with another, test out ideas and feeling, and construct shared meanings. Communication grows from the first non-language interaction through listening and speaking with others, to using language in more formal ways through writing, reading, and interpreting skills.
>
> *Minnesota Department of Education (1991, p. 27)*

Language is a system of symbols people use to communicate with each other. It's one way to receive and to give information. Two systems work together to produce language:

- Receptive language, the input system by which information is taken in through the senses.
- Expressive language, the output system which involves speaking, gesturing, or writing.

Receptive Language

Receptive language is what we see and hear and the information that we take in. A normal sequence of receptive language development begins at birth. The newborn infant responds to sounds. By four months of age, most infants will turn their head to the source of a sound; by six months they may respond to their name and recognize words like *daddy* and *mommy*. By the end of the first year, infants will recognize the names of some common objects, and will respond to simple questions and directions, such as "Where's the ball?" and "Give me the bottle."

During the next year, receptive language develops rather quickly. The toddler understands new words each week, identifies pictures and body parts, and understands possession ("Where's Mama's shoe?"), and prepositions (in, out, on, off, up, down). By the end of the second year, many children understand pronouns (I, me, mine). By the third year, most children are able to follow simple stories and two-step directions.

Receptive language development continues throughout childhood as children learn new vocabulary words, follow complex sentences spoken by others, and then begin to read. A child's receptive language development is usually further advanced than his or her expressive language.

Expressive Language

Most children learn to talk in predictable stages. This is even true for many children whose language is delayed. During the first few months of life, babies are already preparing to speak. During the first two months, different kinds of cries are produced. Over the next few months, babies begin to use their voices in ways other than crying. They learn to vary their tone of voice to express different feelings, and new sounds start to emerge. By six months, babbling or "vocal play" emerges.

Over the next six months, babies begin two put two syllables together while babbling, some of the sounds begin to sound like real words. By the end of the first year, babies may have one to three spoken words, they may "sing along" to music, and may "talk" to family members without using real words. The words the child does know may be generalized and used to describe many different things. For instance, "ball" may be used to describe any toy. Babies also have a set of gestures they use to communicate, such as nodding the head, or waving "bye-bye".

During the second year, most children will learn about fifty new words. They're learning to understand simple turn-taking rules and are beginning to "converse" with adults.

Young toddlers usually repeat overheard words and will try to communicate using words. They might say things like "Mommy... cookie" or "All gone... milk". During the second year children use simple two-word phrases in order to talk about objects, locations, and actions. Toddlers will use language to request toys, answer questions, and – of course – to say "no". By the end of the second year, children will put together three-word phrases and will go through books and label pictures. More turn-taking is obvious during conversations.

Three-year-olds are rapidly learning to use grammatical skills when they're speaking. They learn to use verb tenses and can use many different kinds of words in conversation. Nouns, adjectives, plurals, and prepositions are used in speaking. Children become more conversational, and can discuss a single topic over several listener-speaker turns.

The development of writing begins when children use crayons to make a scribble mark on paper. Eventually, they begin to apply meaning to the scribble, as in "writing" their name on a piece of paper. When children enter kindergarten, they begin to write their names and other letters of the alphabet.

Vocabulary development continues throughout childhood. Communication skills, such as making facial expressions and gesturing, and waiting and listening to other speakers, are combined with language production skills as children become more expressive speakers.

Social-Emotional Development

> The child moves from no realization of a difference between self and others, through a primary concern for self, to a level of concern for others. The scope of social interactions moves from early bonding with a significant adult, through experiencing self as a part of family, to friendships and participation in the larger world. In relationships with others, the child grows in abilities to cooperate, to serve as a resource, to negotiate, to lead and follow, to be a friend.
>
> *Minnesota Department of Education (1991, p. 23)*

Social-emotional development refers to the child's development of social relationships, social skills, and sense of self as a social and emotional human being. Although social and emotional development are usually included under one domain, they are different. The child's emotional development concerns the feelings that he or she has about him- or herself and other people. Social development refers to children's ability to form relationships with other people.

Discussion 3

What adult behaviors can encourage positive self-esteem? What behaviors can encourage negative self-esteem?

Emotional Development

Throughout the stages of infancy, toddlerhood, and early childhood, children are thought to have a series of emotional "tasks" they must accomplish on their way to being a competent person with a healthy self-esteem. For infants, the task can be described as "building trust". During this time, the baby needs to learn that the world is a safe place and that caregivers can be trusted. A sense of security develops in the young child when caregivers continually respond to the baby's signals that he or she needs to sleep, be fed, or have a clean diaper. As caregivers love children by comforting and holding them, infants begin to develop a sense of self-worth. The emotionally healthy baby is one who can accept comfort.

The emotional task of toddlers is to develop "autonomy" – being able to do things alone. Security is still important, but now that the child can walk, and sometimes talk, his or her horizons are expanding. The child likes to explore, but is most comfortable doing this when he or she knows that a caregiver is close by. The toddler begins to learns that words can have a powerful effect on people, and will sometimes use them just to see what will happen. The toddler is famous for saying "no" to everything. At the same time, the child can become "clingy" and not want to leave the caregiver. This is all a normal part of development.

The task of the preschool child is to develop initiative and curiosity. The child will imitate much of what is seen and heard and will try new behaviors to see how they feel and how people react. Children are more willing to be a part of groups, but will still want to be independent. They'll explore their environment by playing actively and asking questions. The emotionally healthy preschooler likes to be with his or her parents, but has just as much fun playing with other children or adults. Preschool children exercise more self-control as they learn to share and take turns.

Social Development

Humans are social beings beginning from birth. This is necessary because as infants we're helpless and not able to provide for ourselves: we must establish relationships with others to get our needs met. Infants accomplish this partly by being small and cute, and partly by beginning to develop a set of "social skills" – behaviors that help us to develop positive relationships with other people.

For the infant, social skills include making eye contact, smiling, and relaxing the body when held. Older infants become very interested in people. However, they develop preferences for familiar people and may not want to be held by strangers. They become affectionate and give hugs and kisses to the favorite people in their lives. From very early on, infants can engage in social games such as peek-a-boo, and pat-a-cake. A child's first "playmate" is usually his or her parent.

Toddlers begin to take an interest in being around other children, but they still aren't very good at sharing toys or waiting for turns. Toddlers can become bossy or possessive – everything is "mine". Toddlers are, however, increasingly aware of other people's feelings. Instead of crying when another child cries, toddlers may reach out to touch, rub, or cuddle the upset child.

As children enter the preschool years, they develop relationships with adults and children that are similar to the relationships they'll have throughout childhood. They'll identify children as "friends" and will usually prefer to play with others rather than play alone. They'll like to carry on conversations with other children or adults and recognize the value of language in forming relationships. They may approach unfamiliar people and ask social questions such as "What's your name?" or "Whose daddy are you?" They begin to play games and will usually follow rules. They're better at sharing and turn-taking. Though young children occasionally have outbursts when they don't want to share, they're typically quite skilled at developing relationships by the time they reach kindergarten age.

Play and Social Development

Many of children's social relationships take place in the context of play. Educators often refer to Parten's six classifications of play, listed below, to describe children's play or social behavior.

Parten's Play Classifications

Show Transparency 2.4

1 **Unoccupied Behavior:** Here the child isn't engaging in any obvious play activity or social interaction, but watches anything of interest at the moment. When nothing's interesting, the child will play with his or her own body, move around from place to place, follow the teacher, or stay in one spot and look around the room.

2 **Onlooker Behavior:** Here the child spends most of his or her time watching other children play. The child may talk to the playing children, ask questions, or give suggestions, but doesn't participate in the play. The child remains within speaking distance so that what goes on can be seen and heard: this indicates a definite interest in a group of children, unlike the unoccupied child, who shows no interest in any particular group of children, but only shifting interest in what happens to be exciting at the moment.

3 **Solitary Play:** This is play activity that is conducted independently of what others do. The child plays with toys that differ from those used by other children in the area within speaking distance and makes no effort to get closer to them or to speak to them. The child is focused entirely on his or her own activity and isn't influenced by other children or their activities.

4 **Parallel Play:** Here the child is playing close to other children but is still independent of them. The child uses toys like the toys being used by others, but uses them as he or she wishes and is neither influenced by nor tries to influence the others. The child plays beside other children rather than with other children.

5 **Associative Play:** Here the child plays with other children. Play material and equipment are shared; the children may follow each other around; there may be attempts to control who may or may not play in a group, although such control efforts aren't strongly asserted. The children engage in similar but not necessarily identical activity, and there's no organization of activity or individuals. Each child does what he or she essentially wants to do without putting the group's interests first.

6 **Cooperative or Organized Play:** The key word in this category is *organized*. The child plays in a group that is established for a

particular purpose: making some material product, gaining some competitive goal, playing formal games. There's a sense of "we-ness" whereby one definitely belongs or doesn't belong to the group. There's also some leadership present – one or two members who direct the activity of the others. This therefore requires some division of labor, a taking of different roles by the group members, and the support on child's efforts by those of the others.

Most children will show each of the types of play throughout their childhood. However, the first three types of play are more common for very young or delayed children. As children get older, their play typically becomes more sophisticated and more social.

Adapted with permission from Parten, M.B. (1933) Social participation among preschool children. Journal of *Abnormal and Social Psychology, 27,* 243–269.

Discussion 4

What are some behaviors which fall within each developmental domain? Which behaviors involve several domains? Which behaviors are specific to a particular domain?

Observation Activity

Observe two children in their natural environment for about a half hour. You may choose two children who are the same age, or you may choose to observe children who are at different developmental stages (for example, an infant and a preschooler). In the spaces below, describe some of the behaviors that you observe for each child across each of the developmental domains. In the third section, describe the differences and similarities in development for the two children. Pay particular attention to the range of behaviors you see across children who are typically developing. When observing children, note the types of play activities they choose. Describe the motor tasks they perform with ease. Write down examples of language that they use, and describe their interactions with other people. For cognitive development, describe the complexity of activities children choose and measure how long children stay with an activity. Discuss your results in small groups.

Child A

Name ______________________
Date ______________________
Setting ______________________
Time of Observation ______________________

- Motor Development

- Cognitive Development

- Social Emotional Development

Child B

Name ______________________________
Date ______________________________
Setting ______________________________
Time of Observation ______________________________

- Motor Development

- Cognitive Development

- Social Emotional Development

Comparisons

- Motor Development

- Cognitive Development

- Social Emotional Development

Summary

The foundations of typical childhood development involve a variety of stages which almost always occur in a predictable sequence. This predictable sequence occurs throughout a variety of areas. These domains, or areas, are motor, cognitive, social-emotional and communication. The interrelationship of these developmental areas is a crucial part of the developmental stages of a child.

Questions to Ponder

- How do principles of child development affect a child's actions?
- What are common developmental domains you see in your work settings?

Chapter Three

3

Individualized Planning for Children with Disabilities

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Introduction

The children who enter into early intervention will have a broad range of abilities and disabilities. Thus far, we have stressed that each child and each family is unique. They'll require special care which is developed just for them. This is what is referred to as "individualized programming" and it's required under federal education laws. Although each family and child is different, they have one thing in common: they'll have an Individualized Education Plan (IEP). Infants and toddlers and their families will have an Individualized Family Service Plan (IFSP). IEPs and IFSPs are written plans which are developed when parents and professionals work together to assess the child's strengths and needs, develop goals and objectives for the child, plan educational services, and decide how to implement the plan. Most importantly, IEPs and IFSPs are created by teams. Individuals who know and work with the child must be able to agree that the plan is appropriate for the child and the family. No one person could possibly develop an individualized plan for the child.

The first section of the IFSP or IEP contains a summary of the child's current developmental status, and for the IFSP, a description of family needs. Paraprofessionals are usually not involved in collecting information about a child's development as they first enter into early intervention services. This is usually the responsibility of specialists such as social workers, psychologists, physical or occupational therapists, speech and language therapists, medical professionals, and early childhood special education teachers. However, it's important to be able to look at and interpret the results of the assessments so you'll have a better understanding of the child's strengths and needs and a greater sensitivity towards family issues and concerns.

Federal law requires that infants, toddlers and their families, and preschoolers receive a multi-disciplinary, multi-method assessment of their unique needs. This means that no one person can make decisions about a child's developmental level and need for early intervention services. A team of people is responsible for conducting the assessment. Having several professionals involved in assessment helps guarantee that multiple methods will be used to collect the information. A combination of standardized test scores, observations, checklists, and interviews may be used to gain information about the child and the family. The use of only one method would be inappropriate.

After the assessment activities are completed, and child and family needs are identified, the team begins to identify goals and objectives for the child and family. When the individual, family, and education team develop the IEP for a person with disabilities, there are key questions to ask that will help the team develop goals and objectives that will facilitate the person's integration and participation in community settings.

Upon completing this chapter, you should be able to:

- Demonstrate a basic understanding of the components of the IEP and the IFSP.
- Understand the connection between assessment and intervention in early childhood education.
- Gather the correct information needed to identify goals and to provide individualized instruction.

Section 1

Individualized Education Plans

Many school districts design their own IEPs and IFSPs, so the form of the plan may look different. However, there are several components which must be included. The sections below list the components of the IFSP and the IEP. As you read through them, you should notice the differences and similarities between the two kinds of plans.

Examples of an IEP and an IFSP are included in Appendices C and D. Look through these plans and notice the different types of information needed in each.

Discussion 1

What experiences have you had being involved in the IEP or IFSP process?

Required Components of the Individualized Family Service Plan (IFSP)

- A statement of the infant's or toddlers present levels of physical, cognitive, communication, social and emotional development, and adaptive skills based on objective criteria.
- A statement of the family's resources, priorities, and concerns relation to enhancing the development of the infant or toddler with a disability.
- A statement of the major outcomes expected for the infant/toddler and the family, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes are being made and whether modifications or revisions are necessary.
- A statement of the specific early intervention services needed to meet the needs of the infant or toddler and the family, including the frequency, intensity, and the method of delivering services.
- The projected dates for initiation of services and anticipated duration.

- The name of the service coordinator from the profession most immediately relevant to the child's or family's needs who will be responsible for implementation of the plan and coordination with other agencies and people.
- The steps to be taken supporting the transition to services provided for ages three to twenty-one to the extent that such services are considered appropriate.
- A statement of the extent to which services will be provided in natural environments.

Required Components of the Individualized Education Plan (IEP)

- A statement of the child's present levels of performance, including academic achievement, social adaptations, pre-vocational and vocational skills, and psychomotor and self-help skills.
- A statement of the annual goals describing the education performance to be achieved by the end of the school year under the child's individualized education program.
- A statement of short-term instructional objectives, which must be measurable intermediate steps between the present level of educational performance and the annual goals.
- A statement of the specific educational services needed by the child (determined without regard to availability of services) including related services needed and special instructional materials which are needed.
- The date when those services will begin and length of time the services will be given.
- A description of the extent to which the child will participate in regular education programs.
- A justification of the type of educational placement the child will have.
- A list of the individuals who are responsible for implementation of the IEP.
- Objective criteria, evaluation procedures, and schedules of determining, on at least an annual basis, whether the short-term instructional objectives are being met.

Adapted with permission from *ERIC Clearinghouse on Handicapped and Gifted Children* (1992). Legal Foundations, No. 2. The Council for Exceptional Children.

Differences Between the IEP and IFSP

While the IEP and IFSP have several components in common, there are a few items which are new and unique to the IFSP. In particular, families play a greater role in developing and carrying out the IFSP because of the family-centered approach to intervention for very young children. Services should meet the family's needs, not just the child's, and are to be provided in a flexible, coordinated manner. The IFSP also specifies that the professional and family plan for the child's transition to services for older children. At age three, the child is taken off of an IFSP and placed on IEP if he or she still needs services. Planning for transition is important because the IEP doesn't take a family-centered approach. Professionals work as a team with the family to make sure families acquire the skills needed to continue their involvement in their child's education beyond the IFSP.

The Role of the Paraprofessional

The degree of paraprofessionals' involvement in writing the IEP and IFSP will often depend on the needs and preferences of the family. Paraprofessionals do have a large role in implementing the plans' components because they regularly apply their skills in the classroom or the community by working directly with children. The following chart contains some examples of how you can help implement the components of IEPs and IFSPs.

IEP and IFSP Components	Paraprofessional Role
Assessment: Current levels of performance	Share observations with teacher
Placement: Least restrictive environment	Work with child or family in integrated classrooms, out in the community
Annual goals: Instructional objectives	Share observations with the teacher about progress or lack of progress
Implementation: Actual instruction	Assist teacher by enhancing instruction or providing practice in a variety of ways
Evaluation of goals: Help monitor children's progress	Communicate with teacher

Activity 1

With your supervisory teacher, walk through the process used in developing an IEP and an IFSP (If you're not in a paraprofessional position now, find a setting that you can observe. Your teacher will help you find a setting.) In small groups, compile the steps, and write the entire process. Discuss strengths and weaknesses of the paraprofessional's role in the process as a whole.

Section 2

Assessment of the Child and Family

The IEP and the IFSP serve as the framework for training paraprofessionals to work with young children with disabilities and their families. The remainder of this module will focus on:

- Initial assessment of strengths and weaknesses.
- Identification of appropriate goals and objectives.
- Instructional techniques.
- Monitoring of progress on goals.

The Purposes of Assessment

Assessments are typically done for the following reasons:

- **Screening:** to see if further assessment is needed.
- **Eligibility:** to see if the child is eligible for services.
- **Programming:** to develop a program plan for the child.
- **Progress:** to see the if the child has changed or has made progress in any area of development.

Discussion 1

What are some strenggths and limitations of asssessing young children?

Standardized Tests

Standardized tests are tests which are always given in the same way, using the same instructions and the same material. They're scored using the same method every time. This method is based on the scoring of tests administered to a broad range of people, and for which an average score or "norm" has been established. Scores on these "normed" tests tell us how the child compares with other children his or her age who performed the same task. In order for these tests to be useful and fair, the group of people the child is being compared to must reflect the cultural and ethnic background of the child.

There are several standardized tests which are used to assess infants, toddlers, and preschool children. You may see these scores placed on an IFSP or IEP, so it's helpful to become familiar with the test so that you can understand what the score might mean in terms of the child's development.

The Denver Developmental Screening Test

This test is a screening instrument designed to determine whether a child is at risk for developmental delays and whether he or she should be evaluated further. It's used to screen or detect problems in children between birth and age six. The Denver looks at four areas of development: personal/social, fine motor/adaptive, language, and gross motor. This is only a screening test, which means that it's given to large numbers of children and children who may be at risk for delays get through the screen. The score on the Denver doesn't give in-depth information about the child, but only tells us to look at a particular child in more detail.

The Wechsler Preschool and Primary Scale of Intelligence – Revised

This test is often called the WPPSI (pronounced *whip-see*), and as its name suggests, it's a measure of intelligence for preschool children. This test breaks down intelligence into two components: verbal and performance. There are a variety of tasks that children are asked to perform; some require the child to answer questions given verbally while others are similar to puzzles, mazes, and block building. Children's scores are represented as intelligence quotients. These scores are often used to predict a child's later development. However, the actual number score just tells us how the child compares to other children his or her age who took the same test.

The Bayley Scale of Infant Development (BSID)

This assessment is one of the most widely used measures of infant development. It's designed to assess the development of infants and toddlers between two and thirty months of age. It provides an indication of an infant's current developmental status but isn't intended to predict later development. There are three components in the BSID: the Mental Scale, the Motor Scale, and the Infant Behavior Record.

The Battelle Developmental Inventory (BDI)

The BDI is a test that measures young children's development across five different areas:

- **Personal-social:** measures abilities of the child to engage in meaningful social interaction such as expressing feelings or interacting with adults or other children.
- **Adaptive:** measures the child's ability to become independent in taking care of feeding, dressing, and toileting needs.
- **Motor:** measures the child's ability to control the large and small muscles of the body.
- **Communication:** measures the child's ability to understand and to produce verbal and nonverbal communication.
- **Cognition:** measures the child's thinking, reasoning, and memory skills. The test combines a parent interview along with direct testing of the child using a variety of toys. The BDI covers children from birth up to eight years of age.

The Sequential Inventory of Communication Development – Revised

The SICD-R is used to assess receptive language (comprehension) and expressive language (production of language) for children between four months and four years of age. The receptive items evaluate a child's awareness and comprehension of items such as environmental sounds, object names, plurals, colors, and directions. The expressive portion involves items that examine imitation, initiation, and responding behaviors. For older children, a sample of the child's speech is also collected and analyzed. The score is obtained through direct testing of children and through parental report of the child's language skills at home.

Some Limitations of Standardized Tests

Regardless of which instrument is used to assess the child, it's important to remember that tests often don't accurately predict the long-range outlook for a child. Each test is only a "snapshot" of an infant's development at a particular point in time. Several different measures done over a period of time and across situations are often needed to get a more complete picture of how the child is functioning. The test results alone should not be considered the "final word" in predicting a child's later functioning.

It's difficult to give a long test to young children because they have shorter attention spans and need more breaks for eating or resting. Therefore, many tests are designed to be given quickly. Because of the limited amount of time, there's a limit to the number of items on a test. Certain areas of development which are strengths or relative weaknesses for the child may not be picked up in these tests. Also, children's development often occurs is spurts; skills which aren't present at one point may rapidly develop soon after testing. To get a whole picture of the child, other methods must be used, such as parent interviews, checklists, or observational measures. Direct observation of the child and "functional assessment" are the most frequently used in early childhood. Functional assessment refers to assessment of the abilities that the child has or will need in order to function in his or her environment. See the section "Monitoring Children's Progress" in Chapter 4 (page 61) for a detailed description of observational methods.

Family-Focused Assessment

When assessment of young children is conducted, a family focus must be maintained. This means that the family should be involved in all aspects of assessment. Observations and testing should take place when it's convenient for the family and where the family feels most comfortable, whether it be in the home, school, church or synagogue, doctor's office, or anywhere else the child spends time. Many times parents may feel nervous about the upcoming assessment and may not realize their opinions and feelings are important to the professionals conducting an assessment.

The following Family Questionnaire may be used to help early interventionists identify family preferences and feelings in a nonthreatening way. Practice interviewing families by giving these questions to someone you know who has a child. You may role play during class by interviewing someone in your class.

Activity 1

In a partner situation, practice an interview with one parent using the questionnaires provided.

Family Questionnaire

This questionnaire is intended to help plan assessments and services that are responsive to your concerns and your priorities. It can be completed by each parent, grandparent, older sibling, caregiver, etc.

Child's name ______________________

Date ______________________

My name ______________________

Relationship to child ______________________

1 I describe my child in this way:

2 Our relationship or time together is:

3 My child enjoys and is interested in:

4 When playing with other children, my child:

5 A typical day with my child includes:

6 What puzzles me about my child is:

7 Recent progress or changes I have seen in my child:

8 My child communicates with me by:

9 The most challenging aspect or raising my child is:

10 I would like my child to learn or get better at:

11 I would like help with:

Planning a Collaborative Assessment: Family Preferences

This questionnaire is intended to help parents and staff plan how to assess the child in ways that are comfortable and meaningful for families.

1 After reviewing my Family Questionnaire, I especially want to explore my child's abilities or behavior in the following area(s) during the assessment:

2 I want others to see what my child does when:

3 These are favorite toys or activities that will help my child to focused, motivated, and comfortable during the assessment:

4 My child uses the following special equipment that might be used during the assessment:

5 I prefer the assessment take place:

☐ At home ☐ At another place ☐ At the center

6 A time when my child is alert for an hour and when working parents can be present is:

☐ A.M. ☐ P.M. ☐ Early evening

7 In addition to parents and the facilitator, I want these people to participate in the assessment:

Early intervention staff:

Family and friends:

Other agency staff:

8 During the assessment, I'd prefer to:

☐ Offer comfort and support.
☐ Sit beside my child.
☐ Carry out activities to explore my child's abilities.
☐ Assist in activities to explore my child's abilities.
☐ Exchange ideas with the facilitator.
☐ Have the facilitator carry out activities with my child

9 If formal testing is included in this assessment, I have these questions:

The Family Questionnaire and Family Preferences checklists are adapted with permission from Trimbach, K., Abderholden, S. and Grykiewicz, K. (1990). *Early Intervention: Building Blocks for the Future.* Minneapolis: Arc Minnesota.

Section 3
Developing Goals and Objectives

The team should be sure that they can answer these questions before the members start planning:

- What are the ultimate goals for this child?
- Will the skills to be taught now help this child to achieve the goals of the child and his or her family?
- Are the skills practical/functional? If the child doesn't learn this skill, will someone else need to perform it or provide assistance?
- Will learning the skills enhance the life of the child?
- Although we may want to teach many skills, time is a factor. Which of those proposed are of highest priority?

Long-Term Goals

The next step is to identify and write the long-term, or annual, goals for the child. These are expectations for the child or family which are based on special education needs. Goals should be reasonably achievable within one calendar year. Such goals have the following four components:

- Direction of change (increase, decrease, or maintain)
- The behavior to be changed
- Present level of performance
- The expected annual ending level of performance

Some examples of long-term goals are:

Direction	*Behavior*
Susan will increase ...	language skills
From Present Level	*To Ending Level*
from saying single words ...	to saying three-word phrases.

Direction	*Behavior*
José will decrease ...	physically harming others
From Present Level	*To Ending Level*
from four times a day ...	to no times per day.

Discussion 1

What are some of the possible differences between long-term goals and short-term objectives?

Short-Term Objectives

Once long-term goals have been established, it's time to write the instructional objectives. Each objective written should be a step towards attaining the goal. There are usually four components to an instructional objective:

- Conditions under which the behavior is performed.
- Performance of a specific, observable behavior.
- Criteria for attainment or level of performance.
- Evaluation procedure.

Objectives will sometimes include a "target date" for when the child should be able to perform the behavior.

The first part of an objective is the condition. This phrase states the circumstances under which the behavior will be performed. The condition lets the team know what help the student will need to perform the behavior and/or what materials will be needed. Examples of conditions are "during gym class", "given a puzzle to put together", or "when asked to put on shoes".

The behaviors that are specified in instructional objectives must be observable. That is, there should be no doubt when reading the objective of what the desired behavior should be. The team may often use words such as "will understand" which by itself isn't observable. The team should think instead about what the child would have to do in order to demonstrate he or she "understands".

Instructional objectives must also be measurable. The third component, the criteria, identifies what the student will have to do in order to say that the objective has been met. The criteria may refer to important characteristics of the behavior such as speed, accuracy, rate, quantity, or duration. This criteria is often found in the description of the behavior, such as "will put all the pieces of a puzzle together". In this example, the criteria to be met is 100% accuracy in working on a puzzle. The criteria also refers to how consistently and reliably the person performs the behavior. It asks how often you would expect a person to perform the behavior when they're given the opportunity. This criteria is often written as "eight out of ten times" or "80% of the time". When designing these criteria it's important to remember that most people don't accomplish skills with 100% accuracy. However, some skills may require 100% accuracy. For example, waiting for the "walk" sign before crossing the street 80% of the time isn't good enough.

Finally, the objective contains a description of how progress on the objective will be reported. The behavior may be recorded by the teacher, reported by family, measured on a standardized test, or a variety of other ways.

The following are some examples of short-term objectives that may be written for the long-term goals above. Examine them to identify the condition, behavior, and criteria (the characteristics of the behavior and the consistency of the behavior).

Condition	When asked questions by the teacher
Specific Behavior	Susan will respond using two-word phrases

Criteria	Eight out of ten questions asked
Evaluation Procedure	As charted by the teacher

Condition	During small group time
Specific Behavior	José won't hit other children
Criteria	For five out of five days in a week
Evaluation Procedure	As recorded by the teacher

It's extremely important to become familiar with the objectives of the children with whom you work. Knowledge of the objectives will help you to arrange opportunities for the child to perform the skill, provide instruction that is specifically related to the child's needs, and monitor the child's progress on a particular goal.

If you're currently working with children and families, ask the professional to see the objectives for the children. Work together to answer such questions as:

- How can I become familiar with the objectives for this child?
- At what times can I provide the child with the opportunity to practice the skills listed in the objective?
- How can I measure the child's progress on this objective?

Activity:
Recognizing Components of Instructional Objectives

Each of the following phrases could be a component of an instructional objective. In the blank in front of each, write the initials for the proper component: *B* = Behavior, *C* = Condition, *CR* = Criterion, or *E* = Evaluation Procedure. Remember, the criteria refers to quality, speed, accuracy, or duration of the behavior, as well as how often the behavior should be performed.

____ 1 While sitting at the table

____ 2 Will pick up a spoon

____ 3 Will use a pull toy

____ 4 As measured on a behavioral checklist

____ 5 Spontaneously

____ 6 On the bus

____ 7 Three consecutive days

____ 8 Correctly

____ 9 Will reach for

____ 10 Will connect two words

____ 11 During music time

____ 12 At home and at the center

____ 13 As reported by his mother

Activity: Writing Appropriate Instructional Objectives

Read each of these objectives, and identify the component that is either missing or inappropriate. Rewrite the objective so that it's written properly.

- When asked, Jerome will follow the same two-word direction, by April 8, 1996, as measured by his teacher.

- During play time, Kathy will manipulate one moveable toy five out of six times.

- During story time, Frank will understand the story four out of five times, as measured by the teacher.

- Darla will point to her friends Susan and Cindy every day.

Summary

Each child and each family is unique and requires special care designed specifically for them. Individualized Education Plans (IEPs) and Individual Family Service Plans (IFSPs) are written plans formulated to create a global plan. They assist parents and professionals in assessing the child's strengths and needs, develop goals and objectives for the child, plan educational services and implementation of the plan.

The summary of the child's current developmental status, and/or the description of the family's needs, is a crucial element of the IEP or the IFSP. This assessment helps everyone involved to understand the child's strengths and needs.

Identifying the goals and objectives for the child and family is the final step of the IEP and IFSP process. It's crucial that all team members are clear on the differences between the long-term goals and short-term objectives set for the child.

Questions to Ponder

- How can you become more involved in the IEP or IFSP process?
- What areas of assessment can you become more active in?
- Who would you ask for more information on a particular child's objectives?

4

Chapter Four

In the Classroom

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Introduction

The phrase "a child's work is play" is often heard in early childhood classrooms. The belief that children learn best by playing, exploring, and talking to other children and adults is the driving force behind the requirement that early intervention services be "developmentally appropriate".

Just as the principles of child development can be applied to children with disabilities, developmentally appropriate practice (DAP) is the framework for early childhood special education classrooms. However, these classrooms may place more emphasis on providing instruction during play sessions. For a variety of reasons, children with special needs often don't know how to play or use play equipment without teacher intervention or modification. To be able to use play effectively and efficiently for learning IEP related skills, these children often need to be taught how to play. Thus, while play skills aren't intended to be the final outcome for the children we teach, play skills are functional skills that help children acquire the goals we have for them along the developmental domains.

There are several different instructional techniques that may be used to help young children learn. Traditionally, children with disabilities may have received instruction that was teacher-directed. This instruction emphasized "drill and practice", which means that children were taught particular, specific skills by having several opportunities to learn and practice the skill. For example, if a teacher wanted to teach the concept of the color red, he or she may have the child sit down and say "red" several times in response to a question like "What color is this block?" The question would be repeated until the child could answer correctly most of the time.

This type of teaching is effective at helping children to learn these specific skills and may be used occasionally, but by itself it doesn't reflect developmentally appropriate practice. Children learn best when the skills that are taught are relevant to the child and have meaning in his or her life. Developmentally appropriate teaching involves allowing the child to explore and interact with children, adults, and materials in order to learn skills. Instruction that's "embedded" into the child's daily routines and play time is recognized as "best practice" in the field of early childhood education.

Observing and recording children's behavior is a primary role for paraprofessionals in both center-based care and home-based programs. The paraprofessional who has these skills will be invaluable to the teachers with whom he or she works because monitoring children's behavior and progress on objectives is an essential part of early childhood services.

Upon completing this chapter, you should be able to:

- Demonstrate developmentally appropriate practices as it related to early childhood special education.
- Utilize teaching techniques that may be used by paraprofessionals across a broad range of settings.
- Demonstrate a working understanding of observational data collection and record keeping.

Section 1

Developmentally Appropriate Practice

The concept of developmental appropriateness has two dimensions: age appropriateness and individual appropriateness.

Age Appropriateness

Human development research indicates that there are universal, predictable sequences of growth and change that occur during the first nine years of life. These predictable changes occur in all domains of development – physical, emotional, social, and cognitive. Knowledge of typical development of children within the age span served by the program provides a framework from which teachers prepare the learning environment and plan appropriate experiences.

Individual Appropriateness

Each child has an individual pattern of growth, personality, learning style, and family background. The adults' interactions with children and the curriculum should both be responsive to individual differences. Learning in young children is the result of interactions between the child's thoughts and experiences with materials, ideas, and people. These experiences should match the child's developing abilities while also challenging the child's interests and understanding.

Discussion 1

What are some examples of appropriate communication techniques to encourage children to make choices, talk about feelings, resolve conflicts, etc.?

Guidelines for Developmentally Appropriate Practice

Developmentally appropriate practice (DAP) occurs when child-initiated, child-directed, teacher-supported play is the essential component of the program. Children's play is the primary vehicle through which children develop in terms of cognitive, physical, emotional and social growth. Developmentally appropriate programs are distinguished by the curriculum in place, the nature of adult-child interactions, and the emphasis on home-school relationships. The National Association for the Education of Young Children (NAEYC) has established the following guidelines for these features.

The Curriculum

- A developmentally appropriate curriculum provides for all areas of a child's development: physical, emotional, social, cognitive, and language. Teachers recognize that all areas of children's development are integrated. Activities which stimulate growth and learning in one dimension affect other dimensions as well.
- The curriculum is continuously developed by the teachers as they observe children's special interests and developmental needs. For example, family or cultural backgrounds of children are used to broaden the curriculum for all children. Another example is when language games are introduced into a classroom where the teacher observes children who have need further development in their communication skills.
- The curriculum emphasizes learning as an interactive process. Children learn best when they're given opportunities to actively explore and interact with materials, other children, and adults. DAP recognizes that children learn by doing. There's no correct or right way of doing things. Children learn about their environment through creativity and by problem solving through a process of trial and error.
- Learning activities and materials should be concrete, real, and relevant to the lives of young children. Play areas and activities are based on experiences that are fun and interesting to children and that provide opportunities for children to practice skills that are important to daily functioning.
- Multicultural and nonsexist experiences, materials, and equipment should be provided for children of all ages. These experiences enhance the child's self-esteem and support the child's learning experiences by strengthening ties between the home and the early childhood program. Multicultural experiences help children to accept and appreciate the differences and similarities among people in the classroom and the community.

Relations Between the Home and the Program

- Parents share in decisions about their children's care and education. Teachers are responsible for establishing and maintaining contact. Communication between families and teachers helps build mutual understanding and guidance and provides greater consistency for children.
- Teachers share child development knowledge, insights, and resources as part of regular communication with family members.
- Important information about the child should be shared, with family participation, with other agencies or programs as children pass from one level or program to another.

Adult-Child Interaction

- Adults respond quickly and directly to children's needs, desires, and messages. Adults in the classroom should communicate regularly with children and respond to their needs at a level which is appropriate for the individual child. For instance, adults use a warm and soothing voice when interacting with a child who is upset. The language used is appropriate for the age of the child. In general, adults should provide positive responses and show genuine interest in what children have to say.
- Adults provide many opportunities for children to communicate. Large group instruction, where children are expected to sit and listen to an adult talk, isn't as effective in facilitating development of communication skills in young children. Instead, children learn by having several opportunities to talk to other children and adults. Listening in a group can enrich learning when there's something meaningful to hear, but children should be given the opportunity to talk about what they have heard.
- Adults facilitate the development of self-control in children by treating children with respect and using guidance and redirection as discipline techniques. Teachers remind children of the rules and their responsibilities in the classroom.
- Adults facilitate the development of self-esteem by respecting, accepting, and comforting children, regardless of the child's behavior. Adults must demonstrate patience and tolerance of children's behavior. Adult behaviors that are never acceptable are: screaming in anger; neglect; inflicting physical or emotional pain; criticism of a child's person or family by ridiculing, blaming, teasing, insulting, name calling, or threatening humiliating punishment. Adults shouldn't laugh at children's behavior, nor discuss it among themselves in the presence of children.
- Adults are responsible for all children under their supervision at all times and plan for increasing independence as children acquire skills.
- Adults use appropriate instructional techniques to help children learn. Adults let children learn from their own mistakes by providing guidance and encouraging children to try again or to find alternatives. Adults value the unique responses of children, but provide support, attention, and encouragement as needed. At times adults may need to use direct teaching techniques.

This description of DAP was adapted with permission from Bredekamp, S. (1987) ***Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age Eight.*** Washington, DC: National Association for the Education of Young Children.

An Activity

Read the following classroom scenarios and decide whether or not the scene described reflects developmentally appropriate practice. Discuss reasons why or why not as a large group. How might the situation be changed to reflect developmentally appropriate practices?

1 The school nurse has some screening tests that have to be done for several of the children. The classroom teacher tells the nurse that the best time to take children from the classroom is after the group time. After group time, the children are in free play so they won't miss any valuable instruction.

2 Spring is coming, so the teacher wants to start a classroom theme that deals with "things that grow". She sets up some areas in the classroom that have things that grow, such as plants and animals (e.g., a fish tank and a hamster). There are some new books in the reading area to go along with the new plants and animals. One day, the class goes for a walk. The teacher asks children to look on the ground and in the trees for new growth.

3 The "house corner" is Mrs. Wilson's favorite play area. She thinks that the children really like to play there and that they'll learn a lot from using the materials and role-playing with their friends. Although many of the children have a strong Hispanic heritage, Mrs. Wilson put many "American" foods and cooking utensils in the play area. She also included a play wok and chopsticks. Mrs. Wilson feels that since these children have experience with the foods cooked at home, they don't need it here. Also, putting food from different cultures in the play area helps to give them a multi-cultural experience.

Section 2

Roles in the Classroom

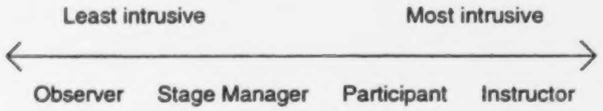
Discussion 1

What are some examples of the roles paraprofessionals take in the classroom?

There are several roles paraprofessionals can take to facilitate the development of play and other skills in children with disabilities:

- Stage Manager
- Observer
- Participant
- Instructor

These roles fall along a continuum from least intrusive to most intrusive:



The intrusiveness of a technique refers to the amount of control or direct involvement the teacher uses in order to change a student's behavior. The role of stage manager is less intrusive because it involves changing the environment: there's no direct contact with the child. The role of instructor is most intrusive because the teacher provides direct instruction to an individual student. This instruction may interrupt a child's natural activity. It's important to keep this continuum in mind and be aware of the level of intrusiveness of our teaching techniques. A general rule of thumb is to use the least intrusive technique necessary to have the desired effect on the child's behavior.

Observer

Paraprofessionals will probably take on the role of observer more frequently, but for shorter periods of time, than any other role. It will be your observations of a child's activities and interactions that will help you decide which role to assume next. In addition, you'll use the role of observer to figure out the success or limitations of your previous role. Perhaps you attempted to teach a child a skill using a particular technique. Observation will help you determine if the child is able to learn through the technique or if a more direct instructional approach is needed.

Observations, whether long, focused ones, quick glances, or notes on a checklist, give you invaluable information about the skills and progress of individual children, the success and limitations of different strategies for facilitating learning, and the dynamics of child-child interactions.

Stage Manager

Paraprofessionals act as stage managers when they arrange the physical environment, including materials, activities, and participants (adults and children) to promote a child's involvement in activities. Many times, a simple change in the environment can have a powerful effect on children's behavior. This is also true for adults. Our behavior often depends on where we are, what we're doing, and with whom we're doing it. There are several strategies paraprofessionals may use when structuring the environment for children's learning:

- Select appropriate materials. Materials which are preferred by students, functional and relevant to children's daily lives, and appropriate to wide range of skills should be made readily available in the classroom.
- Use materials to promote social play and cooperation. Materials that most often result in social play are dramatic play materials such as dress-up clothes, babies, house sets. Outdoor climbing equipment, tricycles, and wagons are also fun materials that children use together.
- Structure activities to promote social interaction. Adults can plan specific activities for children, or assist in the development of a play theme based on observations of children's play. In either case, the adult withdraws his or her involvement to allow children to direct their own play. Examples of structured activities are games, art projects, and asking children to do "chores" which require at least two children.
- Provide choices for children. Sometimes children have difficulty choosing an activity when there are many options available. Clearly define a limited number of choices for the child so that he or she may choose one in which to be involved.
- Encourage children to play near one another. If your goal is for a child to play with peers more often, you need to make peers available. Provide enough materials for children to play together and make sure this is adequate space for several children to play.

Participant

There are two levels of involvement that the paraprofessional can take while acting as a participant in children's play: parallel playing and co-playing.

When parallel playing, the adult plays next to the child or makes suggestions about the play. For example, the adult may play in the sandbox, putting sand in containers and talking about what he or she's doing. Parallel playing can be helpful in a number of situations. It's particularly helpful for a withdrawn child who becomes more withdrawn when an adult gives direct attention. This way of involving yourself can also help children play longer. The child may learn new ways to use the materials, and may learn from adults that play is valuable.

In co-playing, the adult joins play that is already started and lets the children control the play. The adult influences play by asking questions and responding to children's actions and comments. The adult doesn't direct the play, but offers contributions. Co-playing, like parallel playing, helps children play longer and gives children the sense that play is important. The teacher can expand the play in a non-directive way. Sometimes new children can be brought into the play.

This strategy works best when the children already have a fairly high level of play, but are stuck in one play theme. This strategy doesn't teach children new play skills and may not work well for children who prefer to play alone or don't pretend.

Instructor

The role of instructor is generally used to directly teach a specific skill/action or to impart needed knowledge. The key word in this description that differentiates this teaching from that done through participation is *directly*, by which we mean that the teacher is directing the focus and learning of the child as an outsider to the play. This direction can take two forms:

- Briefly interrupting play to provide direct one-to-one instruction on something relevant to the continuation of the play.
- Providing instruction as an outside observer of the play.

In the first form, instruction happens within the context of the play and the skill being taught is relevant to the play. However, the teacher may have to briefly interrupt the play in order to teach the skill. For example, when you notice that a child playing trucks doesn't know how to lift the back end of the dump truck to dump his or her load, you'll intrude into the play to provide that child with one-to-one instruction and demonstration. Once the child has obtained some skill and needs to simply practice to achieve mastery of this action, you can move back to being the observer or a participant in play. Obviously, this instruction may need to occur over and over again, but always within the context of the play so that the child can incorporate the skill into free-play.

In the second form, the teacher is still directing child's focus and learning, but isn't interrupting the play to do so. Instruction comes from directing the child's involvement in the play through questions ("You're baby is crying. What can you do?"), prompts ("What do you need to give the bus driver before getting on the bus?"), directions ("Pay for your groceries first, then put them in the bag") and suggestions ("Maybe Erica can baby-sit for your baby while you go to the store") made from the sidelines as an observer.

The role of instructor will be most prevalent at the beginning of an activity when you're introducing new or unfamiliar materials, vocabulary, or equipment. The challenge of choosing the instructor role is knowing when it's no longer needed. When it's your job to teach children, it's often difficult to think of yourself in roles other than instructor. This is where the other roles are so valuable. With these multiple roles, you can provide direct instruct briefly, back off, and observe the child to see if the amount of instruction appears to have been adequate to initiate new attempts, new skills, more practice, or mastery. If nothing has changed, more instruction is needed.

All in all, if the child is to benefit from participation in play-based activities it's best to err by backing off from direct instruction. You can always provide more direct instruction as needed.

Here are some guidelines for choosing which role to take in the classroom:

- The role of observer may be used at any time. It's helpful to remember to observe children as they begin a new activity so that you can determine a child's skill level in that activity. If the child is fairly independent in the play, you won't need to use more directive approaches. Observation also helps you to make decisions about which activities or techniques to try in the classroom.
- Arranging the environment, or being a stage manager, is appropriate at any time. In fact, environmental arrangements should be tried before other, more intrusive teaching strategies, are used. Talk with the classroom teacher about the classroom, the materials in the classroom, and the peers that are available for play. Teachers may have several ideas or preferences when it comes to setting up the classroom environment.
- Acting as a participant in children's play isn't only helpful for children, it can be fun for adults too. When participating in children's play, make sure that the children are directing the play, not you. Your involvement won't disrupt play if you allow children to remain in control.
- Direct instruction should be provided when:
  - Children don't engage in make-believe play on their own;
  - Children have difficulty playing with other children;
  - Children's play is repetitious or appears to break down;
  - The caregiver is introducing a new play theme.

Direct instruction should be used with caution because it can be disruptive. It should be phased out when play is going well.

Information from this section was adapted with permission from Cavallaro, C.C., Haney, M., & Cabello, B. (1993). Developmentally appropriate strategies for promoting full participation in early childhood settings. *Topics in Early Childhood Special Education, 13.* 293–307.; Heidemann, S. & Hewitt, D. (1992). *Pathways to Play: Developing Play Skills in Young Children.* St. Paul, MN: Redleaf Press.; and Wolery, M., Bailey, D.B., & Sugai, G.M. (1988). *Effective Teaching: Principles and Procedures of Applied Behavior Analysis with Exceptional Students.* Boston: Allyn and Bacon, Inc.

Activity 1

Have students in the class conduct an observation of the teacher's behaviors in an early childhood setting. Ask them to record examples in the spaces and be prepared to share them in the following class session.

Observation Activity

Observe an early childhood classroom during a free play period. If you aren't currently working in a classroom, ask the instructor to help you arrange for an observation. The focus of this observation will be on the behaviors of the adults in the classroom. In the spaces provided below, record things that the teacher does that are particular to each of the four roles. In addition, write down things that teacher does that don't seem to fit into any of these roles. For instance, how much time does the teacher spend communicating with other adults, doing paperwork, cleaning, etc. After doing the observation, spend some time thinking about the amount of time the teacher spends on "Direct instruction" as compared to the other roles. Be prepared to discuss your observations with your classmates.

- Observer

- Stage Manager

- Participant

- Direct Instruction

- Other Activities

Section 3
Instructional Techniques

Naturalistic Techniques

Researchers have developed several teaching strategies that may be used throughout the child's day, without disrupting the natural activities of children. These strategies are often called "naturalistic" or "milieu" instructional techniques. Several of these naturalistic techniques were described by Diane Bricker and Juliann Woods Cripe in their book *An Activity-Based Approach to Early Intervention.* These strategies focus on interactions between children and adults that encourage children to explore their environment and use their problem-solving skills. Several of these strategies are summarized below.

Forgetfulness

Forgetting can occur when the adult fails to provide the necessary equipment or materials, or overlooks a familiar or important component of a routine or activity. Examples include not having food immediately available for snack time, paint brushes for painting, or books for story time. The goal of this technique is for children to recognize that something is missing, and begin to ask questions, search for materials, or engage in other appropriate problem-solving actions.

Visible But Unreachable

This strategy involves placing objects that children like where they're visible but unreachable. Placing objects within sight but out of reach can encourage the development of social, communication, and problem-solving behaviors. If the child wants an object, he or she will be required to communicate with adults or other children in order to get it. One way to use this technique is to put the object in sight, but at adult level. Wait for the child to ask for the item. If he or she appears to want the item but doesn't ask, model the correct way of asking. For instance, you might say "want ball". Encourage the child to repeat your words and provide the child with the object after he or she has imitated what was said. Give children opportunities to imitate the model if they don't follow through the first time. Always provide the child the object, even if they don't get it perfectly – you can always try again later.

Violation of Expectations

Leaving out or changing a familiar step or element in a well-practiced or routine activity is a strategy known as violation of expectations. Many violations may seem funny to children. For example, the caregiver may try to write with a pencil while using the

Discussion 1

Ask whether any of the students have seen or used any naturalistic instructional techniques in their work setting. If so, have them share what they've seen.

eraser, or place a block on the child's plate for a snack. Children often recognize these changes and communicate their recognition by pointing, speaking, or helping the caregiver to get it right. This intervention can be very fun for both the child and adult and may help children to work with others to solve problems.

Piece by Piece

In this strategy, the caregiver holds on to pieces of materials so that the child must request the material piece by piece. For example, when working on a puzzle, pieces can be handed out as the child asks for them or when children are being pushed in a swing, the caregiver can wait for the child to request another push before continuing. However, this strategy should be used carefully: too many disruptions may interfere with the meaningfulness of the activity. Make sure that children are staying actively involved in doing the activity while requesting pieces. Don't allow them to become frustrated.

Assistance

This strategy involves putting out materials or setting up activities that require assistance from adults or peers. This strategy can be effective in the development of a range of skills in the self-help, fine motor, gross motor, and communication areas. For example, placing a snack in a clear container with a lid that the child can't remove independently may set the stage for the child to seek assistance. Once the request is made, the child can work with adults or peers to open the container. Another example is asking children to carry objects which are too big to carry by themselves. They'll then have to ask someone to help them and work together to pick up and move the object.

Delay

This strategy introduces a pause or small delay in an activity in order to prompt a response from the child. For example, the caregiver may stand near the child with a pitcher of juice and wait for the child to say "juice" before pouring it into a glass. This technique fits easily into many activities.

Questioning/Prompting/Modeling

Adults can encourage children to communicate and may influence the child's play by asking questions and providing verbal prompts. Open questions may be used to encourage descriptive responses. These questions typically start with who, what, why, when, or how. Examples might include "When will your dinner be ready?" or "What happens next?" These questions may be used to help children communicate or may prompt children to perform a certain behavior.

Verbal prompts also help children to continue their play. For instance, a prompt may be "Ask John for the butter" or "Hold your baby up to feed her". These prompts should be as inobtrusive as possible, and should be used only when children are stuck and not sure what to do next in their play.

Adults may also model appropriate behavior for children and encourage them to imitate the behaviors. Peers often make wonderful models for children. For example, encourage children to watch how a friend in the class uses materials or talks with others.

Adapted with permission from D. Bricker and J.J. Woods Cripe (1992). *An Activity-Based Approach to Early Intervention.* Baltimore: Paul H. Brookes.

Behavior Management

Behavior management is an important part of early childhood education. It occurs when teachers attempt to change a child's behavior by controlling the events that happen just before or just after the behavior usually occurs. The teachers in your classroom are usually experts at behavior management. They spend a lot of time analyzing behaviors and coming up with ways to change them. It's their responsibility as teachers to create "behavior plans" for children. As a paraprofessional, you may be responsible for implementing these plans. The teacher should give you specific instructions regarding the plan, as each plan is uniquely designed for a child. However, there are some basic principles of behavior management that are important to know:

- Children are more likely to repeat behaviors that are followed by things they like: praise, reinforcement, or fun strengthens a behavior.
- Children are less likely to repeat behaviors that are followed by things they don't like. Lack of pleasure or punishment weakens a behavior.

The techniques that are often used to change behavior are reinforcement and praise, ignoring, or proximal praise. Behavior management can be very complex because there are many factors which influence behaviors. To learn more about behavior management, refer to the articles in Appendix E. Also, talk to the lead teacher in the classroom about things you can do in the classroom to promote or discourage behaviors in the class.

Reinforcement

This involves providing a child with something that will encourage him or her to continue the behavior that occurred just prior to the receiving the reinforcer. Reinforcers may by anything from food, to objects, activities, and social praise. Praise is one of the best reinforcers, and it's preferred because it's meaningful to children, has a "social" value, and may help children to perform behaviors across a variety of settings because it's easily accessible. The following are some guidelines for effective praising:

- Be spontaneous, genuine, and warm.
- Be specific, rather than general. Tell children exactly which behavior you're praising. For instance, "I like how you sat at the table until I asked you to leave".
- Attach the student's name to praise. That way, they'll know that you're talking to them and will give you their attention.
- Use the "if–then" rule. If the student is doing something you want them to do again, praise them. "Catch" children being good!
- Make sure praise isn't disruptive. Don't interrupt what a child or the class is doing in order to praise a child. This type of praise may cause the child to feel embarrassed or singled out, and it will have the opposite effect than you wanted.
- Make sure that praise is varied. Don't use statements like "good job" over and over. Provide praise through different statements, gestures, or other nonverbal messages.

Ignoring

This is also called *extinction*. In this technique, the adult withholds any type of reinforcement. If the child is no longer receiving the reinforcement, the behavior should eventually fade out. Ignoring works when the behavior is being reinforced by the attention that it receives. For example, children often use swear words because they like the way teachers and children respond to it by getting excited or being shocked. If teachers ignore the behavior, and no longer provide the reinforcer, it won't be as much fun to swear.

Proximal Praise

Proximal praise involves praising other children who are engaging in appropriate behavior in order to get a child to also perform the desired behavior. For example, if a child is running around the class, the teacher can begin to give praise to the children who are sitting in their seats. If the teacher's praise is valuable to the child, he or she will sit down in order to earn it.

Information on behavior management is from Wolery, M., Bailey, D.B., & Sugai, G.M. (1988). *Effective Teaching: Principles and Procedures of Applied Behavior Analysis with Exceptional Students*. Boston: Allyn and Bacon, Inc.

Activity 1

Create a "Praise List" in small groups. Use social reinforcers, not material items (ice cream, candy, stickers, etc.). For example: Verbal: "super!"; Gestural: thumbs-up; Other: opportunity to choose an activity.

Section 4

Monitoring Children's Progress

Observation is more than just looking at children. Instead, it's looking for something in a particular way. We can learn a great deal about how children learn and grow by observing and interpreting their behavior as they use materials in the classroom, play with other children, interact with their parents or teachers, and engage in daily activities.

Observation is especially important in early childhood because young children are most often not able to tell us what they're thinking or feeling or why they're doing something. In fact, much of what we know about children and human development comes from observation by individuals who interact with children on a consistent basis.

Collecting Data

Collecting data and measuring student behavior in a formal manner is an especially important aspect of effective teaching in early intervention for the following reasons:

Identifying Current Level of Performance

Observing behavior helps to pinpoint where the child currently is on instructional objectives. Teachers often measure children's behavior before they provide instruction. This is called baseline data. Baseline data helps the teacher decide how far the child is from where he or she should be. It also helps the teacher to develop objectives and instructional plans.

Determining Effectiveness of Instruction

Another critical aspect of monitoring children's behavior is to assess the effectiveness of the child's program. Keeping track of the child's behavior helps the teacher make decisions about when instructional changes are needed to help the child make progress on his or her individualized objectives.

Communicating about a Child's Progress

Monitoring children's progress on objectives facilitates communication in the classroom, with parents, and with students. When data is summarized – and displayed in an understandable fashion – professionals may communicate more easily with families and with other service providers. Children may also receive praise and encouragement when their progress is shared with them.

Discussion 1

Why is collecting data important? What are some techniques you have used that would be helpful in an early childhood program?

Demonstrating Accountability

According to the laws regulating special education, educators must show the degree to which children are making progress toward achieving the goals and whether modifications or revisions of the goals or services are necessary. Teachers use the data they have collected to document their efforts and to show that a number of strategies have been tried to meet the child's needs. Documentation provides a record of which strategies were and were not successful with the child.

Validity and Reliability

Observations of behaviors must be valid and reliable in order to be useful in the above ways. What is meant by valid? In order for a measure to be valid, you must be sure that you're actually measuring what you say you're measuring. Validity depends on your ability to make observations which are objective. That means that you must be able to count, see, or hear the behavior. Reliability refers to consistency of measurement. That is, your observations of particular behaviors should be collected in the same way over time. Your measurement should also have high inter-rater reliability. Inter-rater reliability is the degree to which two people agree that a behavior has occurred during an observation session.

The following are guidelines to ensure that the observations you make are valid and reliable:

- Be sure to define clearly, in operational terms, the behaviors to be recorded. An operational definition describes behaviors that are both observable and measurable. Two different individuals should be able to observe and agree what occurred.
- Clearly describe the procedures to be followed in observing and recording behavior, and then adhere to them.
- Practice prior to actual observations.
- Record data immediately; don't wait to record it later.
- Use equipment such as stopwatches, tape recorders, beepers, or videotapes to improve accuracy.

There are several techniques which may be used to observe and record children's behavior. The following are descriptions of six different techniques for data collection:

- Narrative description
- Time sampling
- Event sampling
- Anecdotal records
- Frequency counts or duration records
- Checklists

Each of these techniques is appropriate for certain data collection purposes. Some will allow for more detailed descriptions of behavior, while others record behavior quickly and with a minimum amount of description. Data collection can be thought of as fishing with a net. Sometimes you'll want to use a net with very small holes so you can "catch" many types of behaviors. Other times, when you only want to catch certain behaviors, you would use a net with large holes so that most of the extra information will pass through. You can talk with the classroom teacher about the purpose for each observation session, and work together to decide the best method for data collection.

Narrative Description

Narrative description is a formal method of observation that also goes by such names as "running behavior record" and "specimen record". In this technique, you continuously record, in as much detail as possible, what the child does and says, by him- or herself and in interaction with other people or objects. The observer records the context (setting or situation) and the behaviors and the sequence in which they occur. The chief goal of the descriptive narrative is to obtain a detailed, objective account of behavior without inferences, interpretations, or evaluations of the behavior.

There are a number of advantages to the descriptive narrative. It provides a rich, detailed account of a child's behavior and the circumstances in which it occurred. The record is permanent and can be used for a later comparison with more recent records. The method can be costly in time and effort, however, and isn't very efficient for quickly gathering representative samples of behavior. The technique also requires skill because of the many details that are the targets of narrative description.

The following is an example of a narrative description. Note that all the child's behaviors are recorded in an objective manner, without inferences made about the child's behavior.

Name: *B.* Date: *Monday, Apr. 8, 1996*
Observer: *Sandra* Time: *9:30 to 9:45 A.M.*
School: *XYZ Child Care Center*

The children are in the gymnasium. B. runs to the mat and lays down when teacher tells him to. On the mat, he rocks his legs up. The teacher stands over him with a large ball. B. reaches for the ball, the teacher says "no," he kicks his feet in the air, and touches the ball with his feet. The teacher pushes his feet down on to the mat and tries to roll the ball over his body. He kicks and pushes at the ball, saying, "no."

Teacher: "Do you like this?" B.: "No." Rolls off of mat, and lays on his back looking at other children.

B. gets up and runs to the stair climber. Teacher goes to get him, says "sit down" and points to the slide; B. backs up and goes down stairs. She points to the mats and he says no, he crawls to the corner and puts his face in the carpet. T. says come on and takes his hand; B. says "no" and lays on his stomach. T. picks him up and carries him to the center of floor.

Activity 1

Ask students to utilize the data collection techniques in an early childhood setting. Be sure they understand the purpose of measuring behavior. Remind them not to provide any identifying information about a child when sharing observation results. Observation of children should not occur in classroom settings unless a parent or teacher gives consent for the observer to be there.

Time Sampling

The time sampling method has two distinguishing features: it observes and records selected samples of a child's behavior, and does so only during predetermined intervals of time. Whenever a behavior occurs during the time period, it's recorded. Time sampling aims at representative samples of behavior.

It may be helpful if you can think of time sampling in relation to the concept of a behavior stream. A person's life consists of a continuous stream of behavior that flows through time. Time sampling looks for samples of certain kinds of behavior in a child's behavior stream, but it looks for those behaviors only in specific parts of the stream identified by intervals of time.

To achieve representative samples, you must observe over a large enough number of intervals to capture the typical quality of the stream of behavior from which the sample is taken. For instance, in a twenty minute observation, you could record once a minute for twenty intervals, or every thirty seconds for forty intervals. The length and distribution of the intervals will depend on the particular behavior that you're recording.

Time sampling methods usually use a coding scheme. This is a means of reducing complex, detailed descriptions of behavior to a simple mark or tally on an observation sheet. Coding schemes usually record categories of behavior, such as aggression or play behavior. There are two types of coding schemes: sign systems and category systems.

A *sign system* is a scheme in which the categories of behavior chosen for observation are mutually exclusive: no given behavior can be put into more than one category because each category excludes all others. For instance, a child can't be following directions and ignoring directions at the same time.

A *category system* is a coding scheme in which the categories of behavior chosen for observation are both mutually exclusive and exhaustive. That is, each category excludes all other categories, and the categories include the total range of behaviors that a child can exhibit. A good example of a category system is Parten's six categories of play behavior.

Time sampling is economical of time and effort. It regulates precisely the content of the observation and the amount of time you observe. An important disadvantage of time sampling is that it doesn't capture the details of behavior and context. It also isn't a useful method for recording infrequent behavior.

Event Sampling

Event sampling differs from time sampling in that it takes specifically defined behaviors or events from the child's behavior stream, but isn't concerned with when the behaviors occur or the length of the recording period. Events are behaviors that can be placed into particular categories. For example, a quarrel can be an event; but quarrels are made up of specific, observable behaviors such as loud speech, certain kinds of facial expressions, or arguing over possession of a toy which, in turn, can be events. The event must be carefully defined before beginning the observation.

After you define the event in terms of the behaviors you'll accept as examples of the event, you place yourself in the observation setting and wait for the event to occur. When it does, you can do one three things. You can record the behavior using (1) a coding scheme, (2) narrative description, or (3) a combination of the two. The previous discussion of coding schemes in time sampling also applies to event sampling. When using narrative description, you'll observe and record for as long as the event lasts.

Event sampling shares some of the advantages of both the specimen record and time sampling. There's the potential for detailed behavioral descriptions and the use of efficient coding schemes. Infrequently occurring behaviors can be suitable targets for event sampling, if you're in a setting often or for long periods of time. Keep in mind, however, that recording events still breaks up the continuity or "stream" that characterizes all behavior.

One type of event sampling sheet that you might use contains three columns. The first column is labeled "Antecedent", the middle column is labeled "Behavior", and the last column is "Consequence." Whenever the behavior or "event" occurs, you record the exact behavior in the middle column. In the first column, you record anything that happened just prior to the behavior. In the final column, you write down anything that happened just after the event occurred. This type of data is especially valuable for behaviors that don't happen very frequently. Teachers may be able to use this data to make hypotheses about why certain behaviors occur. The events that are recorded may be either positive or negative behaviors. For example, if a child screams and hits other children, it's helpful to know what happens just before and just after the behavior so that changes can be made that will have an effect on behavior.

Anecdotal Records

The anecdotal record is often used by teachers to help them understand some aspect of a child's personality or behavior. Five characteristics of the anecdotal record are:

- It's the result of direct observation, not based on rumors or observations made by other people.

- It's a prompt, accurate, and specific description of a particular event.
- It gives the context of the child's behavior.
- Inferences and interpretations are kept separate from the objective description.
- It records behavior that is either typical or atypical for the child being observed. Anecdotal records may also be used to report anything of interest to the observer.

The method's important advantage is that it gives the teacher a running record to help understand a child's behavior in particular situations and settings. It also allows for ongoing comparisons of behaviors, which provide a way of documenting changes in the child's behavior. An important disadvantage is that they're not easy to write, and some people argue that it's easy for bias to enter into the selection of events and behaviors to be recorded.

Activity: Anecdotal Records

Two anecdotes are printed below. Read each carefully and *circle* the words used that describe a behavior that you can see, hear, or count. *Underline* words that describe behaviors that are not observable or measurable. This anecdotal record activity is more effective when completed in small groups, after which you can come together as a large group to discuss the "edited" versions. An alternative involves using this activity as a homework assignment and discussing the changes at the beginning of the next class session.

Anecdote 1

Sally was having a terrible day. She started off in the morning by spitting on Ms. Pickett, the paraprofessional who met her at the bus. Then she bopped Louie twice with a baseball bat and kicked Thelma in the shins. She wet her pants on the floor and was so embarrassed that she had a tantrum. She was so naughty that none of her friends liked her. Her aggressive behavior was annoying everyone. After her nap in the afternoon, however, she jumped off the cot, kissed Ms. Pickett three times and talked to Louie, Patricia, and Jeff. When it was time to go home, she waved good-bye to everybody.

Anecdote 2

I sure learned today why Jake is labeled "autistic." About ten o'clock this morning he began head-banging on the floor. He banged twenty-four times before he stopped. Then, he put his hands in front of his eyes and wiggled his fingers for ten minutes. He did that again at 11:30. His dual diagnoses showed up again in the afternoon when he seemed to retreat into a dream world. He smiled and twirled around the floor, obviously enjoying the fantasies in his mind. His usual paranoia seemed less, and he talked to Mr. Leonard for two minutes. After that, he wouldn't work and just lazed about for the rest of the day.

Like many anecdotal records, the two above are a combination of both good and poor observation. Choose one of the two and rewrite it so that it's a good example of your observation skills.

This activity is adapted with permission from Pickett, A.L. (1993). *A Core Curriculum and Training Program to Prepare Paraeducators to Work in Center and Home Based Programs for Young Children with Disabilities from Birth to Age Five.* New York: The National Resource Center for Paraprofessionals in Education and Related Services. City University of New York.

Frequency Counts and Duration Records

The frequency count tallies the occurrences of a particular behavior. The observer simply makes a mark on an observation sheet every time a particular behavior occurs. The duration record, a variation of the frequency count, measures the length of a behavior. The duration record is used when the extent of a child's behavior is more important than the frequency. The observer begins timing when the behavior begins and records the length of time that has passed when the behavior ends.

Both frequency counts and duration records require you to define, in advance, the behaviors you want to observe and record. This method may be used to record behaviors such as hitting, biting, or talking to other children. A duration record might be used to record the length of time a child spends watching the teacher or using materials.

Frequency counts have such advantages as simplicity of use, provision of immediate data, and usefulness in noting changes in behavior over repeated observations. The chief disadvantage of these methods is that they reveal virtually nothing about the details of behavior and its context.

Checklists

The checklist is a simple method with many uses. A checklist is any record that denotes the presence or absence of something. There are two types of checklists. One type of checklist records static descriptors, which are defined as a set of items that refer to highly stable characteristics of children or settings. Examples of static descriptors are age, sex, race, and socioeconomic status. The second type of checklist records actions, which are simply behaviors. An action checklist records the occurrence of a behavior during a period of observation.

Checklists have the advantage of being usable in many different situations and methods. They're efficient and require little effort. Checklists can be filled out by several people in the classroom so the overall impressions of children's behavior may be measured. A disadvantage is that checklists lose details of the observed behavior and its context. The checklist should be matched carefully with the objectives of the observation.

Activity 2

A "play checklist" is included in Appendix F. Assign students to complete either the play checklist or the motor checklist by observing a child. The motor checklist is more appropriate for someone who knows the particular child well and has had several opportunities to observe the child. The play checklist should also be filled out for a child that the observer sees on several occasions. If a participant does not have an opportunity for continued contact with a child, they may ask a teacher or parent to complete the checklist.

Motor Skills Checklist

Child observed ______________________________

Child's age ______________________________

Setting ______________________________

Date ____________ Time ____________

Yes	No		
☐	☐	1	Imitates a three-cube bridge.
☐	☐	2	Uses both hands to steady a cube tower.
☐	☐	3	Uses scissors to snip accurately.
☐	☐	4	Copies a circle.
☐	☐	5	Imitates a horizontal line and a cross.
☐	☐	6	Feeds self independently with a spoon.
☐	☐	7	Dresses and undresses with assistance for front, back, snaps, and laces.
☐	☐	8	Jumps in place.
☐	☐	9	Pedals tricycle.
☐	☐	10	Washes and dries hands.
☐	☐	11	Bounces ball at least three times.
☐	☐	12	Holds crayon between thumb and first two or three fingers.

After the behaviors have been recorded using any of the methods above, the teacher must interpret the data and apply what he or she has learned. A finding is only a finding if it has some meaning which can then be applied to a specific situation or problem. Ongoing evaluation depends on interpretation, or making comparisons between something observed and a standard, or expected outcome, of behavior. In this way, what is observed is directly linked to children's objectives. It's the role of the classroom teacher to interpret results from observation and implement strategies to either change, increase or decrease, or maintain the behavior at its current level.

Activity: Teachers and Observation

Teachers often create data collection sheets to measure children's progress on instructional objectives. Talk with a classroom teacher about his or her preferred methods of data collection and ask to see examples of forms used in the classroom. You may want to ask the teacher the following questions to get a better idea of the role of data collection in early childhood classrooms:

- How often do you collect data for an individual child?
- Who is the primary person responsible for collecting data? Who is responsible for scheduling observations? Who is responsible for interpreting data? If these functions are spread across people in the classroom, how did you decide who would collect data?
- Which methods do you prefer to use? Do they change depending on the particular behavior you're observing?
- What do you do with information after you observe children?
- How do you share the information with other adults in the classroom? With parents?

Summary

Early intervention and early education services require using developmentally appropriate practices (DAP). DAP occurs when child-initiated, child-directed, teacher-supported play is the essential component of the program.

Special education classroom settings also require developmentally appropriate practices. The roles of the paraprofessional often include socially integrating students to instruction of play skills.

Instructional techniques used with children who have disabilities should reflect a naturalistic approach. This allows the child to be instructed by using their natural activities throughout the day.

Observing and recording skills are important to the early childhood program. Paraprofessionals should be well-trained in this area since monitoring children's behavior and progress on objectives is an essential part of both early intervention and early education services.

Questions to Ponder

- How can you make an area in your work setting more developmentally appropriate?
- What is another role you would like to take to facilitate the development of play and of skills in children with disabilities? How can you obtain it?
- When managing behavior, what approach do you and your colleagues use?

5

Chapter Five

Families

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Introduction

We've learned so far that families are very diverse – as unique as every individual in them. Many things make families different from one another, including financial status, where they live, who's in the family, and cultural background. The families and children we work with will often have cultural backgrounds and beliefs very different from our own. Systems theory tells us that family beliefs and values have a powerful influence over the behavior of individuals within the family and many of the values that families cherish are a part of their cultural heritage. In order to work with families, early interventionists must develop cross-cultural competence. The competent paraprofessional has the knowledge and skills to recognize and respond to the fact that families have different structures, perceptions and attitudes, and language and communication styles related to a rich cultural background.

It should become clear as you go through this module that a primary goal of early intervention is to help young children with disabilities grow to become active, contributing members of their communities throughout their lives. Integrated programs including individuals with and without disabilities and opportunities for children to be involved in the larger community are absolutely necessary to provide quality early childhood intervention.

Paraprofessionals play a very important role in integrating young children with disabilities into the community. Paraprofessionals are often hired to help facilitate inclusion by accompanying individual children who need support in integrated settings.

Upon completing this chapter, you should be able to:

- Provide a definition of "family".
- Describe methods to "empower" families to better meet their needs and the needs of their children with disabilities.

Section 1

Working with Families

What is a family? This question sounds rather simple. We all know what a family is – or do we?

As families become the focus of early intervention, educators are realizing that the statements typically used to define "family" often don't describe many of the families that enter into early intervention. Write your definition for a family in the space below.

Discussion 1

What are some of your own definitions of family?

Share your definitions with the group and discuss the similarities and differences in the definitions. Chances are good that there were several definitions. Each of us has some picture of what a family is because most of us have a lot of experience with families. Most of us are part of a "family".

Families are as unique as each of the individual members in them, and young children with disabilities can be found in a wide range of families. They may come from homes where they're being raised by only one parent; maybe both of their parents are the same sex; maybe they don't live with the people who gave birth to them. These types of differences are referred to as differences in family "structure". Some different kinds of family structures are:

- Traditional two-parent
- Adoptive
- Extended – meaning people such as aunts, uncles, and grandparents are a major part of the child's family.
- Single-parent
- Step families
- Same-sex
- Shared custody
- Foster families

It's important to recognize that each of the members of families take on unique roles within a family. For instance, it isn't safe to assume that the mother is the main caregiver for the child. The father, siblings, grandparents, or anyone else may be responsible for child care.

Activity 1

Develop a working definition for "family" together as a class using the definition provided as a guideline.

How then should families be defined? One definition for a family is:

> Any unit that defines itself as a family including individuals who are related by blood or marriage as well as those who have made a commitment to share their lives. The key elements are that the members of the unit see themselves as a family, are affiliated with one another, and are committed to caring for one another.
>
> (*Trimbach, et. al., 1990*)

This is how families will be defined for the rest of the section. Decide as a group if this definition suits your needs. If not, work together to develop a definition for families before continuing.

Empowering Families

A term that is often heard in early intervention is *empowerment*. Empowering families is a goal of early intervention programs that are family-centered. This means that the goal of intervention is to identify family needs, to locate informal and formal resources and support for meeting those needs, and to help link families with the identified resources. The goal isn't to do everything for families, but rather for early childhood workers to provide the initial help families need to function independently. Identifying needs, and helping the family search for ways to meet them, makes it more likely that families will be able to provide for the special needs of a child with a disability.

The Family Needs Survey, included in Appendix G, provides an easy way to find out what families need in order to help their child's development. Give this survey to a family you know or work with who has a child with a disability. If you don't have access to a family with a child with a disability, you can role play with another person in your class.

Work together in class to brainstorm ways that paraprofessionals can help meet family needs, either through directly working with the family, working with professionals, or providing support in other ways.

Activity 2

Have students turn to Appendix G to look at the Family Needs Survey. Review each section of the survey to give students an idea of the range of services that families may be provided through early intervention programs. Ask students to survey a family as an assignment, or you may have students pair up and role play using the survey. Have students brainstorm ways that they may help families meet their needs through their role as a paraprofessional.

Your Role as a Paraprofessional

Once family needs have been identified, the paraprofessional can think of ways they can help families meet their own needs. Most times you'll be helping families under the direction of a service coordinator or other professional. That person should give you guidance in your role. You should also make sure that you, your supervisor, and the family have a clear understanding of what you're and are not responsible for in your role as a paraprofessional. This should be worked out *before* you run into a situation where you're uncomfortable or unsure.

People who work with young children and their families sometimes feel a bit anxious about parent involvement. This anxiety may stem from inexperience in working with parents, or uncertainty about admitting limitations in knowledge or skills, and/or not referring to others. They may also have difficulty overcoming barriers that rise from differences between families regarding life skills, abilities, or priorities. However, paraprofessionals can have certain characteristics that will lead to good relationships with parents. In particular, paraprofessionals can provide families with information and support by following these suggested guidelines.

Providing Information

- Have as much information as possible about the particular disability with which the family is coping.
- Be familiar with community resources that parents can connect with to access the information they need.
- Be familiar with the names of people or organizations who may have more information for parents. For example, advocacy groups, or professional organizations for individuals with dis-

abilities may be good sources for support or information.

- Know your role and when to say "I don't know". Refer parents to the teacher or service coordinator in charge of the case.

Supporting and Encouraging Families

- Listen! Listening to parents shows you respect them.
- Give parents recognition for their strengths and successes.
- Don't talk down to parents; they're experts when it comes to their child. Believe the parent when they tell you something about their child.
- Avoid saying "I know how you feel". Most times we can't know how a person is feeling. Resist the temptation to say "Everything will be all right". Common sense tells parents that everything won't be all right. Using these statements may reduce your credibility with families and may make families feel that you don't care how they're really feeling.
- Use statements like "What do you think would help?" or "Who do you think can help with this?" instead of "This is what you should do" or "I know who can do this for you".
- Maintain confidentiality. Don't discuss the family's case with anyone but your immediate supervisor. Likewise, don't talk about other children or families when you're working with parents. According to law, privacy is the *right* of all families.
- Show respect for children and value them as people.
- Don't pressure parents to participate.
- Listen to parents' opinions, then show you value them by following through on requests.
- Accept people's right to be different; avoid generalizing and stereotyping.
- Always check with the teacher or case manager before sharing information about the child. In center-based programs, you may be the only early child care provider that the parent sees regularly. This can put you in an awkward position if you're not clear about your role in working with parents.

Information on empowering families is adapted with permission from Murray, J. (1990). Best practices in working with parents of handicapped children. In A. Thomas and J. Grimes (eds.). *Best Practices in School Psychology*. Washington, D.C.: NASP.

Section 2

Developing Cross-Cultural Competence

> Achieving cross-cultural competence requires that we lower our defenses, take risks, and practice behaviors that may feel unfamiliar and uncomfortable. It requires a flexible mind, an open heart, and a willingness to accept alternative perspectives. It may mean setting aside some beliefs that we have cherished to make room for others whose value is unknown; and it may mean changing what we think, what we say, and how we behave. But there are rewards – the reward of assisting families who need someone who can help them bridge two different cultures as well as the reward of knowing more about ourselves and becoming more effective interpersonally.
>
> *Eleanor W. Lynch, 1992*

There are three major strategies that interventionists may use to develop cultural competence:

- Develop self-awareness.
- Develop culture-specific awareness and understanding.
- Understand communication issues.

Developing Self-Awareness

One of the first steps in understanding individuals from other cultures is to think about our own values, beliefs, and behaviors that are influenced by our family background. Culture isn't just something that someone else has. All of us have a cultural, ethnic, and linguistic heritage that influences our current beliefs, values, and behaviors. All cultures have built-in biases and there are no right or wrong cultural beliefs. There are, however, differences that must be acknowledged. Cultural self-awareness is the bridge to learning about other cultures. It isn't possible to be truly sensitive to someone else's culture until you're sensitive to your own and aware of the impact that cultural customs, values, beliefs, and behaviors have on your behavior.

Discussion 1

What are some similarities and differences between people around you?

Activity: A Cultural Journey

To learn a little more about you own heritage, take this simple cultural journey.

After answering these questions on your own, bring them to the group and discuss with others the values, beliefs and cultural

Activity 1

Have students answer these questions on their own and bring them to the group for discussion.

practices you have defined for yourself. What are the similarities between the people in your group? What are the differences? Brainstorm ways that you can learn more about the cultures represented in the group.

Origins

- When you think about your roots, what country/countries other than the United States do you identify as a place of origin for you or your family?
- Have you ever heard any stories about how your family or your ancestors came to the United States? Briefly, what was the story?
- Are there any foods that you or someone else prepares that are traditional for your country(ies) of origin? What are they?
- Are there any celebrations, ceremonies, rituals, holidays that your family continues that reflect you country(ies) of origin? What are they? How are they celebrated?
- Do you or anyone in your family speak a language other than English because of your origins? If so, what language?
- Can you think of one piece of advice that has been handed down through your family that reflects the values held by your ancestors in the country(ies) of origin? What is it?

Beliefs, Biases, and Behaviors

- Have you ever heard anyone make a negative comment about people from your country(ies) of origin? If so, what was it?

- As you were growing up, do you remember discovering that your family did anything differently from other families you were exposed to because of your culture, religion, or ethnicity? Name something you remember that was different.

- Have you ever been with someone in a work situation who did something because of his or her culture, religion, or ethnicity that seemed unusual to you? What was it? Why did it seem unusual?

- Have you ever done anything that you think was culturally inappropriate when you have been in another country or with someone from a different culture? In other words, have you ever done something that you think might have been upsetting or embarrassing to another person? What was it? What did you do to try to improve the situation?

- Have you ever felt shocked, upset, or appalled by something that you saw when traveling in another part of the world. If so, what was it?

Imagine

- If you could be from another culture or ethnic group, what culture would it be? Why?

- What is a value from that culture or ethnic group that attracts you to it?

- Is there anything about that culture or ethnic group that concerns or frightens you? What is it?

Adapted with permission from E.W. Lynch and M.J. Hanson (1992) *Developing Cross-Cultural Competence: A Guide for Working with Young Children and Their Families.* Baltimore: Paul H. Brookes Publishing Co.

Culture-Specific Awareness and Understanding

After you become familiar with your own culture and its effects on the ways in which you think and behave, the foundation for learning about *other* cultures has been laid. There are many ways to learn about other cultures.

- Reading about other cultures may be the best way to start. Books written by authors from the culture provide insights and perspectives that are not available through other sources. Biographies, history books, and fiction are all possible sources of information.
- Learn about other cultures through open discussion and sharing with members of another culture. These individuals may be able to highlight feelings, beliefs, and practices that may be unfamiliar. However, don't assume that because someone has certain physical characteristics that they'll identify themselves as being from another culture.
- Participating in the life of the community of diverse cultures is the third way to increase cross-cultural understanding. Celebrating holidays or getting involved in community projects, such as building a playground, are all ways in which people may increase their appreciation of different cultures.
- Learning the language of another culture is one of the strongest commitments to learning about and understanding that culture. Having a second language is also a highly valued skill in education.

Learning about cultures in general is important, but it may be more important to learn about the characteristics of the particular family you're working with because families differ in the degree to which they follow the beliefs and practices of people from their country of origin.

A rule of thumb is *don't make assumptions about family concerns, priorities, and resources.* Only the family is able to provide you with that information. If you're working with families, you may want to discuss these questions below with the teacher or service coordinator. Together, you may learn about the best ways to meet the needs of the family and the child with a disability. However, it's only appropriate to ask for information that is directly related to your role as an early interventionist:

- Who are the members of the family? Do they all live in the same household? Who are the key decision-makers?
- Who are the primary caregivers? Who else participates in caregiving? What are family member roles?
- What are the family feeding practices? What types of foods are eaten? Are there any taboos related to food preparation or handling?

- What is the family's perception of the child's disability? How does the family view their role in intervening with the child?
- From whom does the family seek help – family members or outside agencies or individuals?
- To what degree is the family proficient in English? To what degree is the home-visitor proficient in the family's native language?

Cross-Cultural Communication

Communication, both verbal and nonverbal, is critical to cross-cultural competence. Sending messages and understanding messages that are being received are both important to effective interpersonal interactions. Because language and culture are interwoven, communicating with people from different cultural backgrounds is very complex, especially if the family and the interventionist don't speak the same language. However, speaking the same language doesn't guarantee communication. Individuals from other cultures may have different communication *styles*. Basic communication skills, both verbal and non-verbal, will help the paraprofessional work with diverse families.

Nonverbal behavior often speaks louder than words, and the same nonverbal behaviors often have very different meanings from one culture to another. A gesture or facial expression that is accepted as positive or complimentary in one culture may be viewed as negative or even obscene in another. For instance, some cultures may communicate informally with strangers by standing closely to one another, making direct eye contact, touching, and using gestures. Other cultures may value more formal interactions where direct eye contact with strangers may be considered shameful or disrespectful. No one can be expected to learn, know, and behave in ways that are considered culturally appropriate for everyone in every situation. It is, however, a sign of respect to observe families and alter your nonverbal communication to help them feel comfortable. Some of these forms of non-verbal communication are:

- Eye contact and facial expressions, such as smiling, frowning, or keeping a straight face while talking about the child with the family.
- Physical closeness between speakers and touching while talking.
- Positions and postures (sitting, standing, hands on hips).
- Gestures (hand and arm movements, or nodding the head for *yes* or *no*).

Verbal communication between individuals who don't speak the same language can be very challenging. Sometimes, communication between paraprofessionals and family members takes place with the help of an interpreter. There are a number of

Discussion 2

What are some experiences you have had when communication was difficult because of language barriers, cultural differences, alternative modes of communication, etc.? What did you find especially challenging in communicating with the individual? What did you do to resolve some of the difficulties? What would you have done differently?

guidelines for working with families through an interpreter:

- Learn names and forms of address (including a few greetings) in the family's primary language, and use the correct pronunciation.
- During the interaction, address your remarks and questions directly to the family (not the interpreter); look at and listen to family members as they speak and observe their nonverbal communication.
- Speak clearly and somewhat more slowly, but not more loudly.
- Limit your remarks and questions to a few sentences between translations.
- Be patient and prepared for the additional time that will be required for careful interpretation.

General Characteristics of Effective Cross-Cultural Communicators

In addition to the specific communicative behaviors discussed above, there are a few general characteristics of people who are effective cross-cultural communicators. Having these characteristics will help you improve in your performance as a paraprofessional because families, and professionals, will enjoy working with you. Effective communication helps build trust between individuals, and this will hopefully lead to better outcomes for children and families.

Communication is improved when the paraprofessional:

- Respects individuals from other cultures.
- Makes continued and sincere attempts to understand the world from other's points of view.
- Is open to new learning.
- Is flexible.
- Has a sense of humor.
- Tolerates uncertainty well.
- Approaches others with a *desire* to learn.

This section was adapted from Lynch, E.W. (1992). "Developing cross-cultural competence". In E.W. Lynch and M.J. Hanson (eds.). *Developing Cross-Cultural Competence: A Guide for Working with Young Children and Their Families.* Baltimore: Paul H. Brookes Publishing Co.

Section 3
Community Integration

There are several benefits for integrating children in the first several years of life:

- Increases in positive social interaction have been shown for children in integrated settings.
- Increases in the amount of functional play have been shown in integrated settings.
- Increases in language development have been shown in integrated settings.
- Integrated programs provide opportunities for both parents and children with and without disabilities to gain positive information and knowledge about disabilities.
- Integrated programs maximize the possibility that people will recognize a child's strengths in some areas of development, and that similarities between children with and without disabilities will be highlighted.
- It's the right of every family and child to participate fully in the community. Integration helps protect these rights.

Discussion 1

What are some possible benefits of full participation in the community for individuals with disabilities?

Types of Integrated Settings

There are several ways to provide integrated learning opportunities for young children. Having special education or early intervention programs and early childhood programs in one building is one way of doing this. This arrangement makes it convenient for staff in early intervention programs to teach children with and without disabilities together for short periods of time. Working together may build staff and family confidence in the idea of integration, and staff from the two settings can observe and learn from one another. While providing services in the same building may open doors for children with special needs in that location, it's only a beginning step in opening more doors for young children.

Reverse Mainstreaming

Reverse mainstreaming is the intentional inclusion of children without disabilities into special education classrooms or play groups. It's an attempt to combine the convenience of the staff and resources of the special education center with the benefits of education with same-age peers without disabilities. Early intervention staff and parents benefit by learning about the range of typical development and behavior for young children. This approach, however, may not be practical over time because it requires early intervention staff to do "double duty." This approach also doesn't address the need to help children with special needs enjoy and learn in typical environments.

Community-Based Intervention

Rather than assigning one place to integrate young children, this approach considers the many formal and informal settings in each child's neighborhood and community. Community-based intervention is tailored to the family's style, values, and schedules. Staff and program resources go out to children and families, rather than requiring families to come to special settings. In order to do this, staff members have flexible schedules and are responsive to changing opportunities and needs.

The following are some examples of practices which promote community integration:

- Inclusion in the home for children who may traditionally be hospitalized or institutionalized.
- Involvement in neighborhood activities such as using local playgrounds, going to grocery stores and malls, or playing with other children who live in the neighborhood
- Attending the school that the child would go to if he or she didn't have a disability.
- Providing support services so that families may use family day care, nursery schools, day care centers, or drop-off child care.
- Providing opportunities for children to enjoy the companionship of other children in home, neighborhood, and school settings.

Adapted with permission from Kjerland, L. (1990). Community-based early intervention: typical settings and resources for birth to five with special needs. In K. Trimbach, S. Abderholden, & K. Grykiewicz. (1990). *Early Intervention: Building Blocks for the Future.* Minneapolis: ARC Minnesota.

Activity 1

Read each of the situations. Decide if the situations reflect community-based integration. If it does not, tell how the situation could be corrected.

An Activity

Read each of the situations described below. Decide if the situations reflect community-based integration. If it doesn't, tell how the situation could be corrected.

- At a meeting with school officials, Judy's parents were told that the school didn't have an appropriate classroom for their daughter: she wouldn't be accepted into the school's programs because of her "bizarre behavior".

- After the Ortiz family gets up in the morning, Mrs. Ortiz takes her sons, Johnny and Manuel, to a day care center down the street. Johnny's friend, Anne, helps him to play with his friends at the day-care center by adapting chairs so that he can "sit up" at the table and use the play-dough. She also helps children figure out what Johnny's trying to say when they can't understand him.

- The school district in Sunnyvale has built a beautiful new school just for children with disabilities. The building has "wheelchair accessible" entrances, and all of the state of the art equipment that teachers will need to teach children with special needs. Now they don't have to worry about changing the old schools because all of the kids with "special needs" will be coming to this school. The district even purchased some new school buses so that children who live farther away will be able to come to this school. Everyone feels very fortunate to have such nice facilities for the students.

Section 4

Your Role in Community Integration

Community integration can be a challenging job because it's difficult to know how *much* assistance the child will need. There are a few guidelines for figuring out how much assistance the paraprofessional will have to provide:

- Generally, the nature and amount of assistance will depend on the needs and abilities of the child and the confidence, time, and skills of the paraprofessional.
- Some children will need only monthly or weekly on-site observation and problem-solving in order to fully participate.
- A few children will require the presence of a paraprofessional to directly assist the child all the hours he or she's in an integrated setting. This may include help in getting around, self-care, behavior management, or help in communicating with other children.

- Neither too little nor too much assistance is appropriate.
- A rule of thumb is to facilitate natural interactions between peers rather than serve as a go-between. Limit physical closeness and encourage or show children to directly approach each other.
- Sometimes the best approach is to translate the sounds and actions of the child with special needs for peers. For example, "That's his way of saying, 'No, thanks'" or "I think she'd like to play with the blocks, too."
- Paraprofessionals should provide only the amount and type of assistance that is practical and comfortable for them to do. For example, other staff may be needed to provide for complicated medical procedures with children.

There are several strategies for promoting inclusive education in classroom settings where you provide one-to-one support for a child with a disability:

- Know and communicate why the student is in the class.
- Know and communicate why an additional adult is in the class.
- Facilitate interactions with classmates and classroom teacher.
- Empower the student to be an active participant.
- If the student requires assistance, do *with* instead of *for*.
- Include the student in conversations.
- Recognize and promote age-appropriate norms.
- Know and enforce classroom rules.
- Be a part of the class. Support all students.
- Support and reinforce the classroom teacher.

Adapted with permission from Vandercook & York (1990). A Team Approach to Program Development and Support. In Stainback & Stainback (eds.) *Support Networks for Inclusive Schooling*. Baltimore: Paul H. Brookes Publishing Co.

Discussion 1

In what ways do paraprofessionals play a crucial part in the integration of children with disabilities into our community?

An Activity

Paraprofessionals are also valued because they often live in the same community as the children and families they serve. In a sense, they are a "spokesperson" for inclusion, and help the people in their community to understand the benefits of inclusion. In order to do this, paraprofessionals should be aware of their own feelings about inclusion, and should understand that people often have strong feelings about inclusion – both for and against.

Read each of the following statements and write down your reaction. Write down how you think the people in your community would react to the statement. What do you think you would say to them about the statement.

- Special education means plenty of specialized help at an early age to reduce or prevent later problems; there isn't any time or need for typical settings.

- Typical settings are helpful for older preschoolers with milder needs who will benefit from the socialization.

- Typical settings are helpful for preschoolers with moderate to severe needs because of the rich environments they provide which help all areas of development.

- All ages, including very young toddlers, benefit from several play interactions with typically developing peers because they make active playmates whose play focuses on the skills needed by children with special needs.

- Typical peers and typical settings are the right of all children needing early intervention. It's the responsibility of adults to provide children with education in typical environments, despite their characteristics.

- Which of these statements best reflects your current appreciation of typical settings?

Summary

In today's society, the definition of family can be quite diverse. Paraprofessionals should be aware of the variety of family settings in our communities. This will assist with empowering, encouraging, and informing the family in the best way possible.

Paraprofessionals in the early intervention and early education programs are also faced with cross-cultural family issues. It's necessary to have the knowledge and skills to recognize and respond to the fact that families have different structures, perceptions, attitudes, language, and communication styles which are all related to a rich cultural background.

Children with disabilities have the right to be active members of our community. Early childhood programs can provide children with many of the skills needed to be active citizens.

Paraprofessionals are often key players in the full integration of children with disabilities. Paraprofessionals have the opportunity to advocate, integrate, and give direct support to these individuals. It's crucial for paraprofessionals to know the best and most effective methods to approach this role.

Questions to Ponder

- How many different definitions of families can you formulate? How many families that you know match these definitions?
- Do you work in a cross-cultural setting? How do you communicate throughout the day?
- Does your work setting provide an integrated environment? If not, can you modify it in any way?
- What are some practices you use to promote community integration?

Appendices

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Appendix A

Accessible Child Care – Who Does the ADA Protect & What Does it Require?

Alicia is a four-year-old girl who wants to play with children her own age, and her mother, about to return to work, is eager to find just the right child care for her. Born with spina bifida, Alicia is a bright, capable child, more alike than different from her peers.

Like thousands of children across the country, Alicia is a child with a disability in need of child care. Caring for children like Alicia in regular child care settings is not new and, in many cases, is not particularly different from caring for other children. Since its inception, child care has always focused on the needs of individual children. What is new is the passage of the Americans with Disabilities Act (ADA), which spells out the rights of children like Alicia and their families, as well as the legal responsibilities of child care providers in providing services to children with disabilities.

Who does the ADA protect?

The ADA protects any child or adult who:

- Has a physical or mental impairment which substantially limits one or more major life activities, such as speaking, seeing, learning, walking, etc.;
- Has a history of this type of impairment (such as a child with cancer now in remission); is "regarded" as having the impairment (such as a child with facial scarring who has no limitations, but is stigmatized);
- Is "associated with" any of the persons described above (so that a child seeking admission to a child care program cannot be denied simply because her brother has tested positive for HIV or because her mother uses a wheelchair).

What impact does the ADA have on child care programs?

As of January 26, 1992, child care programs, both family child care homes and child care centers, regardless of whether or not they receive public subsidies, can no longer discriminate or the basis of disability. Instead, the ADA demands a "new way of thinking" in which accommodations required by the individual are weighed on a case-by-case basis against the resources available to the child care program to make any necessary accommodations.

What exactly does the ADA require child care programs to do?

The ADA requires that child care programs consider making changes in three aspects of their programs. First, they must make reasonable modifications in their policies, practices and procedures in order to accommodate the individual with a disability unless the modification would fundamentally alter the nature of the program and there are no reasonable alternatives. Examples might include:

- Eliminating prohibitions against serving children with disabilities in admissions policies;
- Eliminating *per se* restrictions which are not toilet trained from being considered for admission;
- Providing alternative foods at lunch and snack time for children with certain food allergies; *and/or*
- Making a schedule change for a child who takes medication and nap in the morning.

Second, child care programs are required to provide "auxiliary aids and services" (which are services and devices designed to ensure effective communication, such as interpreters, audio tapes, large print materials, etc.) for those with disabilities affecting hearing, vision, or speech, unless to do so would fundamentally alter the nature of the program or would impose an undue burden (significant difficulty or expense) on the program and there are no alternative steps that can be taken. Examples might include:

- Purchasing large print books;
- Learning some sign language or hiring an interpreter; *and/or*
- Putting a braille label on the cubbyhole of a child who is blind.

Finally, architectural barriers which prevent access to services must be removed if removal is readily achievable. Readily achievable means easily accomplished and able to be carried out without much difficulty or expense. When barrier removal is not readily achievable, programs must make the services available through alternative methods, if the alternative methods are themselves readily achievable.

What types of personal assistance and devices must the child care program staff provide?

The ADA makes it clear that child care programs are not required to provide children with personal devices such as wheelchairs, eyeglasses, or hearing aids. However, unlike other public accommodations which are not required to provide services of a personal nature (such as assistance in eating, toileting or dressing), child care programs *are* required to provide these services when they are ordinarily provided to other children in care.

What safety considerations are taken into account in determining whether a child will be admitted or maintained in a child care program?

Child care programs may refuse to admit a child if they can document that the child will pose a direct threat to the health and safety of others in the child care setting. This is a very narrow exception. Additionally, if the risk can be eliminated without fundamentally altering the nature of the program, the child must be admitted or maintained in the program.

Is transportation offered by child care programs also covered by the ADA?

Yes. If child care programs transport children in cars or other vehicles, the same rules apply to the vehicles as apply to the child care facility. That is, barriers must be removed – if this is readily achievable – or removed without much difficulty or expense. However, generally speaking, larger providers using vehicles that can transport more than sixteen people, and who transport the children on a fixed route, must have an accessible vehicle that includes permanent equipment, such as a hydraulic lift.

Is it legal to be charged extra for the costs of caring for a child with disabilities?

No. The ADA is very clear that child care programs may not charge families with children with disabilities more than other families are charged to cover any increased costs the program incurs in making accommodations. To help defray any additional costs, child care programs may also be eligible for either a tax deduction or a tax credit for certain types of expenditures necessary to accommodate persons with disabilities. (Obtain a copy of IRS publication 907 for further information on all tax provisions available to assist individuals with disabilities.) Professional charges, such as physical or occupational therapy which are separately billed professional services and are not required to comply with the ADA, can continue to be charged directly to the families involved.

What can I do if I feel a child care program isn't complying with the requirements of the ADA?

First, let the child care program know what your concerns are, and provide them with information about the legal requirements of the ADA. If you are still unable to get satisfaction, you might seek to mediate the dispute using a community mediation service. Al-ternatively, you have two options. You may hire a private attorney to bring an action against the program, or you can file a complaint with the Attorney General at the federal Department of Justice. If you file a private action, you are entitled to a court order to stop the discrimination. If the Attorney General brings the suit she may seek monetary damages as well as civil penalties ($50,000 for the first violation; $100,000 for any subsequent violation).

How can I help a child care program meet my child's needs?

- Share with the program all you can about what you think is important forthe child care staff to know in caring for your child.
- Maintain communication with your provider throughout the time your child is in care.
- Facilitate communication between your child care provider and any other professionals who are helping your child. Your written consent will be necessary.
- Let the child care program know about any community agencies or state or national organizations which provide resources and information regarding the type of disabilities your child has.
- Assist the program in identifying any public or private subsidies, grants, or loans available to support their efforts.

About the Child Care Law Center

The author, Abby Cohen, is managing attorney for the Child Care Law Center. While it is not available to provide direct representation in disputes between parents and providers regarding ADA copliance, the Child Care Law Center can provide general information and technical assistance in understanding the law's requirements to both groups. Individuals may either call 415/495-5498 between 9:00 AM and noon on Tuesdays or Thursdays or write to the Child Care Law Center at 22 Center Street, 5th Floor, San Fransisco, CA 94105.

Appendix B
Model Learner Outcomes in Early Childhood Education

Social Outcomes: Birth to Nine

During this period, the child moves from no realization of a difference between self and others through a primary concern for self to a level of concern for others. The scope of social interactions moves from early bonding with a significant adult through experiencing self as a part of family to friendships and participation in the larger world. In relationships with others, the child grows in abilities to cooperate, serve as a resource, negotiate, lead and follow, and be a friend.

Social Indicators: Birth to 15 Months

Sense of Self as a Social Being

1 Differentiates self from another
2 Mirrors emotions of others
3 Imitates things the caregiver does

Social Relations

1 Responds to or initiates games, e.g., "pat-a-cake," blowing bubbles, turn-taking games
2 Can be comforted by familiar adult when distressed
3 Demonstrates an interest in adults and children
4 Relies on adults for physical and emotional support
5 Shows affection for familiar person

Social Skills

1 Differentiates between familiar and unfamiliar people
2 Begins to adapt to stimulation of various people and places
3 Anticipates rituals and routines
4 Explores objects with another person as a basis for establishing personal relationships

Social Indicators at 2.5 Years

Sense of Self as a Social Being

1 Is increasingly aware of others as being distinct from self

2 Is aware of others' feelings
3 Imitates behavior of adults and peers

Social Relations

1 Demonstrates interest in playing with other children
2 Enjoys participating in small group activities for short time
3 Labels some children as friends
4 Begins to realize others have rights and privileges
5 Enjoys adult attention and approval
6 Recognizes family members

Social Skills

1 Increasingly able to adapt to different people and environment
2 Begins to express some emotions appropriately and with increasing control
3 Begins to assert self appropriately in some situations
4 May verbalize some feelings

Social Indicators at 4.5 Years

Sense of Self as a Social Being

1 Begins to have empathy for others
2 Demonstrates a sense of trust through:
  a seeking help and assistance
  b seeking emotional support from adults

Social Relations

1 Begins to enjoy and function successfully as a group member
2 Develops close friendships
3 Begins to give and receive support from other children
4 Confides in adults
5 Is beginning to understand concepts of family and neighborhood

Social Skills

1 Recognizes, understands, and labels some emotional states in others
2 Uses play to explore, practice, and understand social roles
3 Beginning to understand of others' rights and privileges, e.g., following rules, sharing, turn-taking,
4 Peer relationships developed by cooperating, helping, sharing, expressing interest
5 Begins to show acceptance of similarities and differences among people, e.g., gender, ethnicity, age, disability

Social Indicators at 6.5 Years

Sense of Self as a Social Being

1 Begins to gain satisfaction from giving/doing things for others

2 Has a sense of self as a member of a group

Social Relations

1 Begins to prefer associating with children more than adults

2 Begins to enjoy and function successfully as a group member

3 Develops close friendships

4 Begins to give and receive support from other children

5 Establishes friendly interactions with adults other than parents

6 Begins to understand concepts of family and neighborhood

Social Skills

1 Begins to understand and respect that others may have a different point of view

2 Becomes aware of a variety of roles, careers, attitudes, and cultural values

3 Continues to expand social skills, e.g., cooperates, make use of rules, expresses interest in others

4 Sustains friendships and expands circle of friends

5 Is beginning to find constructive ways for solving problems and conflicts without adult assistance:
  a apologizes or makes restitution
  b compromises

6 Begins to accept mistakes in self and others

7 Accepts and is sensitive to individual differences among people, e.g., gender, ethnicity, age, disability

8 Begins to adjust behavior in accord with social expectations

9 Begins to make independent decisions about whom to trust

10 Begins to play/work cooperatively in small and large groups:
  a produces a product
  b works in assigned groups
  c works with self-selected groups
  d takes turns and shares

11 Appreciates, accepts, and interacts with people of all cultures

12 Tries out and tests relationships with friends and others

Social Indicators at 9.0 Years

Sense of Self as a Social Being

1 Is increasingly independent of adults

2 Is developing a sense of community with others

Social Relations

1 Needs and enjoys caring adults who are present but not controlling

2 Wants to belong to groups, but groups remain flexible

3 Tends to select same-sex peers as friends

4 Develops longer-lasting peer relationships and friendships

5 Interacts with an expanding environment, including extended family, school community, neighborhood, and city

Social Skills

1 Continues to develop an appreciation of others' worth and dignity

2 Continues to develop a sense of effective human relations, e.g., being a friend, accepting and valuing differences, empathy

3 Acknowledges the multiple roles, contributions, and abilities of males and females

4 Continues to expand social skills, e.g., understands a need for rules and structure, suggests and negotiates rules

5 Cooperates in pairs and groups through leading *and* following

6 Requires less direct supervision in all areas, e.g., home, learning, neighborhood

7 Appreciates diversity among individuals:
  a strengths/limitations
  b handicapping conditions
  c maturation
  d language variations
  e cultural heritage

8 Is becoming aware of the importance of being a good sport

Physical Outcomes Birth to Nine

Through exploring and manipulating the environment, the helpless and dependent baby grows into a self-sufficient and competent child of nine.

From being carried by another, through taking the first faltering steps, the child moves to coordinated mastery of physical movement.

From random thrashing movements, through increasingly purposeful use of hands, to skillful, precise, and coordinated use of tools and technology, the child becomes a contributing member of the human family.

Physical development enhances cognitive growth as real actions bring understanding to abstract concepts.

Physical Indicators: Birth through 15 Months

Gross Motor

1 Maintains midline head control
2 Rolls over
3 Crawls, creeps, or scoots
4 Moves to sitting position
5 Sits alone independently
6 Pulls to stand through half-kneel position
7 Crawls upstairs
8 Crawls downstairs backwards
9 Stands independently
10 Takes steps with support
11 Walks

Fine Motor

1 Reaches for object
2 Picks up object or food with palmar grasp
3 Independently releases objects
4 Transfers objects hand to hand
5 Reaches, grasps, and puts objects in mouth
6 Pushes, pulls, and throws objects away from self
7 Manages more than two small objects with hand/grasp
8 Isolates an index finger for poking or pushing small toy
9 Puts in and dumps out

Physical Indicators at 2½ Years

Gross Motor

1 Walks backwards
2 Walks on uneven surfaces
3 Walks upstairs by placing both feet on step and using support
4 Climbs
5 Sits self in small chair from standing position
6 Rides small toy, pushing with feet on ground
7 Traps a large ball
8 Starts running
9 Moves to music

Fine Motor

1 Uses palmar grasp when scribbling

2 Uses neat pincer grasp to finger-feed self
3 Drinks from open cup with moderate spillage
4 Uses spoon for self-feeding with some spillage
5 Pulls zipper down
6 Paints with whole arm movement, shifts hands, makes strokes

Physical Indicators at 4½ Years

Gross Motor

1 Begins to develop control of body movement, e.g., hopping, jumping, balancing, bending, stretching, walking, running
2 Continues to develop body strength and stamina in pulling, pushing, climbing, swinging, walking, running
3 Begins to develop body coordination, e.g., galloping, jumping, swinging, balancing, leaping, pedaling, swimming, dancing
4 Continues to develop body flexibility, e.g., running, dancing, climbing, wiggling, stretching, crawling
5 Continues to develop large muscle strength and coordination with large objects, e.g., throwing, bouncing, kicking, striking, pedaling, steering a vehicle, carrying, catching
6 Begins to moves rhythmically to music
7 Begins to use equipment for physical development, e.g., slides, swings, jungle gyms, balls, bats, tricycles, sleds

Fine Motor

1 Developing small muscle control, e.g., threading, stacking, reaching, building, assembling, rolling, releasing, grasping, kneading, drawing, cutting, pasting
2 Developing small muscle strength, e.g., pounding, kneading, pulling, using tools, rolling, squeezing, scrubbing, pumping
3 Developing eye-hand coordination, e.g., assembling, lacing, use of utensils, sewing, folding, tearing, tracing, dressing skills, cutting, painting, drawing, self-help skills, pressing buttons, pulling levers

Physical Indicators: at 6½ Years

Gross Motor

1 Begins to coordinate multiple physical skills, e.g.,
  a walking and hopping together to become skipping
  b jumping and rope turning become jumping rope
  c grasping, swinging, and balance become batting
2 Begins to use physical skills in organized game activities

3 Continues to refine coordination of individual gross motor skills, e.g., throwing, catching, running

4 While outside or in large open spaces, engages in playful activities that use a variety of physical skills (e.g., running, holding, balancing) which result in building strength, coordination, flexibility, and endurance

5 Is acquiring a conscious control of body and limbs and demonstrates many ways in which each body part can move

6 Organizes and uses body and objects to explore spatial concepts, e.g., over, under

7 Spontaneously moves with smoothly integrated body actions

8 Knows and applies safety precautions

9 Takes pride in own movements and involvement

10 Begins to respond to a variety of rhythmic stimuli through body movements

11 Is able to appropriately use equipment for physical development, e.g., climbing bars, bicycles, balls, bats, skates, playground equipment

Cognitive Outcomes Birth to Nine

The mind of the child is searching for meaning. This drive, or yearning to know, is the basis for intellectual development. As the child attaches meaning to perceived events and experiences, each new event is incorporated into the child's expanding image bank, providing for new approaches to tasks. The child moves from a reliance on concrete objects and firsthand experiences to an increasing ability to think more abstractly.

Through observing, listening, and making inferences related to life experiences, the child becomes capable of complex thinking. Curiosity motivates the child to solve problems, at first by trial and error and later through using strategies, resources, and techniques to test out hypothetical possibilities and find solutions The child learns to acquire, organize, and use information in increasingly complex ways.

Cognitive Indicators: Birth through 15 Months

Attention

1 Responds to own name

2 Responds to simple questions, e.g., "Where's kitty?"

Curiosity

1 Inquires into the environment through manipulation and exploration

Perception

1 Discriminates and adapts to sounds and visual stimulation in the outside world
2 Uses all five senses to gain information
3 Recognizes own image in the mirror
4 Perceives familiar objects after seeing only parts of them

Memory

1 Recognizes caregiver by voice
2 Recognizes objects and people
3 Imitates play demonstrated by others
4 Anticipates from cues or sounds routine activities, e.g., feeding, diapering

Problem Solving

1 Explores objects, e.g., grasps, puts in mouth, rolls/stomps on
2 Manipulates objects to discover effects, e.g., shaking, banging, dropping
3 Positions self to reach and interact with environment
4 Protects self by placing hand up or turning away as an object comes close
5 Makes needs known through verbal and nonverbal cues

Logical Thinking

1 Purposefully reaches and grasps objects
2 Purposefully performs an action on an object to see the effect
3 Imitates an action to see another person react
4 Begins to retain the memory of absent objects/persons/events
5 Recognizes the possibility of absent objects/persons to reappear

Cognitive Indicators at 2½ Years

Attention

1 Has greater attention when touch and action are involved
2 Looks at story-book pictures with an adult
3 Returns to focus on something after being distracted
4 Attends when adult's attention is focused on child
5 Concentrates on activities of choice such as putting objects into a bottle
6 Attends to familiar songs, rhymes, and games
7 Matches similar objects

Curiosity

1 Experiences self as an enthusiastic explorer of the environment

2 Experiences self as one who has some control over environment

3 Investigates and inquires about everything experienced

4 Finds most things experienced worth knowing about

Perception

1 Continues to rely on five senses to gain information

2 Perceives rhythm in music and responds

3 Recognizes some colors

4 Recognizes miniatures as representatives of real, known objects

5 Assembles simple puzzles

6 Matches similar objects

Memory

1 Learns routines and expects them in the environment

2 Begins to recall and label recent events, perceptions, and relationships

3 Begins to have a sense of what is acceptable and unacceptable based on external controls

4 Responds to mention of absent objects or people

5 Retains commands long enough to respond

6 Repeats parts of songs or poems

Problem Solving

1 Uses locomotor skills to satisfy curiosity and to meet needs

2 Beginning to use language to solve problems:
  a makes needs known
  b responds to verbal directions
  c uses names of people and objects
  d questions through words or gestures

3 Initiates some self-care

Logical Thinking

1 Expects absent objects or persons to reappear in appropriate places or at appropriate times

2 Sees similarities and differences in concrete objects, events, and persons

3 Begins to understand how objects can be ordered and events can be sequenced

4 Is able to group objects on the basis of a single characteristic by labeling, matching, and sorting

Cognitive Indicators at 4½ Years

Attention

1 Is increasingly able to focus on the relevant task

2 Is beginning to screen out distractions

3 Persists for longer periods of time on child-initiated tasks

4 Focuses attention on adult-directed tasks for short time

5 Can reproduce simple constructions from a model or after a demonstration

6 Shows increased attention when manipulating objects

Curiosity

1 Is eager to know and to do

2 Believes in self as a learner

3 Experiences self as having increasing control over environment

4 Finds excitement in discoveries

5 Is developing special interests

6 Continues to satisfy curiosity through exploration and manipulation

Perception

1 Recognizes and may label likenesses and differences in shapes, patterns, and figures

2 Reproduces visual patterns

3 Recognizes and may label likenesses and differences in sounds

4 Reproduces auditory patterns, e.g., clapping, singing

5 Begins to keep time to a rhythmic pattern

6 Begins to use a combination of perceptual cues in tasks requiring attention to features like color, shape, texture, or size

Memory

1 Describes: labels animate and inanimate objects, events, and processes

2 Gains increased ability to recall recent and past events, perceptions, relationships, labels

3 Begins to link past and present information

4 With assistance, is developing simple memory strategies

5 Is gaining skill in following directions

6 Remembers stories, poems, and songs

Problem Solving

1 Seeks information by observing, asking questions of people, and exploring available materials

2 Practices to refine skills and gain mastery of tasks

3 Uses real-world experiences and physical materials to solve problems:
  - a measures through estimating using non-standard measures, e.g., string, blocks
  - b notices patterns recurring in the environment
  - c understands relationships between parts and whole
  - d uses counting to determine how much is needed

4 Begins to recognize difference between real and imagined events

Logical Thinking

1 Begins to organize information by:
  - a classifying, e.g., grouping blocks by color or shape
  - b quantifying, e.g., compares amount of juice
  - c ordering, e.g., arranges blocks by size
  - d ranking, e.g., decides which is light, lighter, lightest
  - e sequencing, e.g., tells what happened first, second, third
  - f analyzing, e.g., looking at parts of a block structure
  - g synthesizing, e.g., putting a puzzle together
  - h seriating, e.g., biggest to smallest

2 Can use one object to represent another object which is not present, e.g., block to represent truck

3 Begins to understand symbols such as traffic signs, commercial logos, restroom signs

4 Relates or associates information by making simple comparisons and generalizations and by forming simple cause/effect hypotheses

5 Reasons and solves problems through inferring, concluding, beginning hypothesis testing, creative thinking, inventing

Cognitive Indicators at 6½ Years

Attention

1 Attends to relevant variable for longer periods

2 Beginning to attend to auditory and visual stimuli while still dependent upon tactile sense

3 Maintains attention through use of additional sensory perceptions in addition to touch

Curiosity

1 Likes to learn

2 Feels competent as a learner

3 Sees self as a contributing member of a learning community

4 Is eager to understand, see relationships, and find meaning in an expanding environment

5 Continues to identify special interests, e.g., hobbies

Perception

1 Continues to use the five senses separately and in combination to gather data and make finer discriminations
  a uses visual, auditory, tactile/kinesthetic, taste, and smell to perceive properties, characteristics, and attitudes
  b creates patterns and sees relationships in the living and non-living environments

2 Relies on the way of learning, or sensory modality, which is currently dominant

3 Practices using less dominant modalities of seeing, hearing, handling, tasting, or smelling

4 Begins to develop perceptual discrimination in using symbolic systems: e.g., numeric, alphabetic, musical, graphic, spatial

Memory

1 Remembers information, events, and experiences

2 Links past and present information

3 Develops memory strategies, e.g., rhymes, lists, cues

4 Tells a coherent story, placing events in correct order

Problem Solving

1 Solves everyday problems through
  a measuring, using simple, non-standard units
  b seeing relationships: part/whole, hazard/safeguard
  c using tools to repair, cook, clean, record information
  d exploring possibilities by role playing

2 Begins to identify appropriate resources to solve problems
  a books, magazines, television
  b adults and other children
  c museums, libraries, zoos, stores, offices

3 Tries out unusual and/or multiple solutions

4 Continuing to recognize differences between real and imagined experiences

Logical Thinking

1 Begins to move from graphic representation to symbolic, e.g., picture of truck to word "truck"

Cognitive Indicators at 9.0 Years

Perception-Continued

1 Attaches meaning to new experiences from an existing range of store perceptions

2 Creates and integrates patterns and relationships in the living

and non-living environments

Memory

1 Uses memory strategies, e.g., rules, sayings, or mnemonic devices

2 Uses recall as a basis for abstract thinking
  a predicts future events
  b imagines what could be
  c synthesizes past experiences

3 Applies recalled information and experiences to
  a develop imaginative play
  b attach meaning to new experiences
  c formulate needed rules

Problem Solving

1 Uses techniques to solve problems, e.g., graphing, outlining, brainstorming, mapping, webbing, organizing data

2 Uses resources to solve problems:
  a knows where to find relevant resources
  b knows how to use resources
  c knows how to use available technology

3 Uses strategies to problem solve
  a applies knowledge from past experience to new problems
  b imagines hypothetical possibilities
  c compares several possible solutions

4 Evaluates quality of own and others' work, ideas, and opinions

Logical Thinking

1 Is becoming a problem solver
  a identifying problems
  b considering possible causes
  c locating resources to solve problems
  d testing solutions

2 Is becoming a critical thinker
  a comparing and contrasting ideas
  b analyzing concepts
  c synthesizing ideas
  d relating parts to whole

3 Is becoming a scientific thinker
  a observing
  b recording data
  c predicting outcomes
  d experimenting
  e drawing conclusions

4 Is becoming an abstract thinker
  a solving problems without concrete materials
  b relating past, present, and future

Appendix C

Sample Individual Education Plan Form

INDIVIDUAL EDUCATION PROGRAM (IEP) PLAN		DATE IEP Written: Periodic Review Due: Last Comprehensive Assessment:

A. LEARNER INFORMATION

Learner's Name *Jessie Johansen*	Gender *F*	Grade *12*	Birthdate *12-31-75*	ID Number *122-34-5678*
Street Address *406 Any Lane* City, State, Zip *Swanville, MN 56666*			Primary Language / Communication Mode *English, Verbal*	
School of Enrollment *Swanville High School*			School Phone *(612) 123-4567*	District Number *123*
Learner's Permanent Resident Address *same*				Resident District Number *123*

B. PARENT/GUARDIAN INFORMATION

Name(s) of Parent(s) *Mark and Joan Johansen*	Phone *123-4567*	Phone	
Parent(s) Address (if different) *same*	Primary Language *English*	District Number 123	
Guardian(s) / Surrogate Parent(s) Name(s) *same*	☒ Guardian(s)	☐ Surrogate Parent(s)	
Guardian(s) / Surrogate Parent(s) Address (if different) —	Home Telephone	Other Telephone	District Number

C. IEP INFORMATION

Primary Disability *Learning Disability*	Federal Childcount Setting *Regular Education*	IEP Type ☐ Initial ☒ Annual ☐ Interim
IEP Manager Name *Sue Hanson*	Position *Special Education Teacher*	Telephone Number *345-6789*

D. IEP PLANNING MEETING

Title	Names of All Team Members	Signature (if present)
Parent	*Mark Johansen*	
Parent	*Joan Johansen*	
Learner	*Jessie Johansen*	
Administrator or Designee	*Sarah Hoffman*	
Special Education Teacher	*Sue Hanson*	
Regular Education Teacher (K-12 only)	*Tim Johnson*	
sister	*Cindy Johansen*	
SSB counselor	*Harold Batens*	
School guidance counselor	*Mildred Fortney*	
Support Services, .MTC	*Sharon McElroy*	

COPIES: ☐ Learner File ☐ Parent ☐ IEP Manager

Learner's Name: Jessie Johansen

E. PRESENT LEVELS OF PERFORMANCE & LEARNER-BASED NEEDS

Carefully consider and document data from all sources in the following areas:
(Include information and observations provided by parent[s] and learner.)

- Intellectual / Cognitive Functioning
- Academic Performance
- Communicative Status
- Motor Ability
- Sensory Status
- Health / Physical Status
- Emotional and Social Development
- Behavior and Functional Skills

*† • Secondary Transition
(must be summarized for all learners who have reached 9th grade or age 14)
A. Jobs and Job Training
B. Recreation and Leisure
C. Home Living
D. Community Participation
E. Post-Secondary Training and Learning Opportunities

* *Identify post-school outcomes for each transition area.*

† *If the team determines that there are no transition needs in one or more areas, write a statement to that effect and the basis for this determination.*

PRESENT LEVELS OF PERFORMANCE	LEARNER-BASED NEEDS
Post-secondary Education *Future adult goal: I want to work in the law enforcement field, maybe as a dispatcher. I plan to go to a post-secondary school that has training in law enforcement.* *Present level of performance: I have been a police explorer for two years. I have visited several technical colleges and community colleges and have checked into housing and public transportation at each site. I keep track of all this information in my transition folder. I understand my personal strengths and weaknesses and have learned how to advocate for the accommodations I need to be successful.*	*I need to apply at the postsecondary schools I like the best, figure out how to pay for it, and work at getting the accommodations I think I will need to successfully complete the program.*

Learner's Name: Jessie Johansen

F. ANNUAL INSTRUCTIONAL GOALS & SHORT-TERM OBJECTIVES

GOAL *In writing the goal statement, indicate the direction of change, the behavior to be changed, and the expected ending level of performance.*	GOAL # ____ OF ____ GOALS

I will increase preparation activities for fall, 1994, entry into a post-secondary school that offers a program in my interest area from having visited several schools to completing an application and being accepted, finding financial aid, and setting up accommodations by graduation this spring..

SHORT-TERM OBJECTIVES *There must be more than one objective for each goal.* *For each objective include attainment criteria and evaluation procedures.*	Review Date	Degree of Progress
1. *Given registration materials for post-secondary school of interest, I will complete the necessary forms with 100% accuracy by the end of the first semester as determined by my school counselor.* 2. *Based on my learning strengths and weaknesses, I will correctly list all the resources available at the schools I am interested in before enrolling, as determined by my special education teacher.* 3. *I will travel by city bus to my SSB counselor's office and meet with my counselor at least four times over the course of the school year for assistance in planning and funding my post-secondary education as monitored by my SSB counselor.*		

G. PERIODIC REVIEW SUMMARY OF GOAL & OBJECTIVES

The following is the status of the learner's goal and objectives:

☐ Goal achieved.

☐ Meets learner's current needs and will be continued without changes.

☐ The non-significant changes listed below will be made without an IEP meeting unless you contact us.

☐ Does not meet learner's current needs and the significant changes listed below require a revised IEP. We will be in contact soon to schedule a meeting.

NOTE TO PARENT(S): You are entitled to request a meeting to discuss the results of this review.

ED-01878-02

Learner's Name: Jessie Johansen

H. SPECIAL EDUCATION & RELATED SERVICES

SPECIAL EDUCATION SERVICES

SERVICE PERSONNEL CODE *(see reverse for codes)*	NAME OF SERVICE PROVIDER & PHONE NUMBER	SERVICE CATEGORY CODE *(see reverse for codes)*	BUILDING NAME & ROOM NUMBER	FREQUENCY	MINUTES PER WEEK		TYPE OF SETTING check one			check one				DATE SERVICE BEGINS	DURATION OF SERVICES
					INDIRECT	DIRECT	CLASS	GROUP	INDIVIDUAL	GENERAL	SPECIAL	INTEGRATED	OTHER		
01	*Sue Hanson* *345-6789*	*490*	*Swanville High, Rm 207*	*daily*	*75*	*150*		*x*			*x*			*9-93*	*6-94*

RELATED SERVICES AND JUSTIFICATION

35	Mildred Fortney 456-7890	35	Swanville High, Rm 101	monthly		10			x	x				9-93	6-94

Justification: *Information about postsecondary schools, application. process, and accommodations*

Justification:

TRANSITION SERVICES (for age 14 and above)

AGENCY NAME	NAME OF SERVICE PROVIDER & PHONE NUMBER	BUILDING NAME	FREQUENCY	AMOUNT OF SERVICE TIME	DATE SERVICE BEGINS	DURATION OF SERVICES
State Services for the Blind	Harold Batens 426-1234	Park Plaza	at least quarterly	minimum 8 hours	10-93	ongoing

Interagency / Organization Linkages (*Identify activities, funding responsibilities, etc.*):
assistance in planning and funding postsecondary education

Support Services Morton Tech. College	*Sharon McElroy* *426-9876*	*Morton Tech College*	*as needed*	*about 4 hours*	*10-93*	*throughout college career*

Interagency / Organization Linkages (*Identify activities, funding responsibilities, etc.*):
provide information on technical college options and accommodations

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ED-01878-02

Learner's Name: Jessie Johansen

I. ADAPTATION OF GENERAL & SPECIAL EDUCATION

Describe changes in general and special education that will be made to permit successful accommodation and education of the learner (e.g., grading, credits, staff, transportation, facilities, materials, equipment, technology, adaptive devices, curriculum, methods, coordination of support services, vocational services and equipment, and other services):

Are Regulated Behavioral Interventions required for this learner? ☐ Yes ☐ No
(If yes, attach behavior plan as described in M.R. 3525.2925.)

Are general education secondary graduation standards being modified? ☐ Yes ☐ No
(If yes, attach team determination documentation as described in M.R. 3525.3150.)

Are extended school year services required for this learner? ☐ Yes ☐ No
(If yes, attach extended school year justification as described in M.R. 3525.2900 Subp. 1.H.)

J. LEAST RESTRICTIVE ENVIRONMENT (LRE)

Explain why the proposed placement is the most appropriate and the least restrictive. (Describe any other options considered.)

K. DESCRIPTION OF ACTIVITIES WITH LEARNERS WITHOUT DISABILITIES

For a learner who is served more than half-time in a special education setting, include any activities in which the learner will be participating with learners who do not have disabilities (e.g., lunch, assembly periods, club activities, field trips, community instruction or experiences, and other special events):

Activity	Frequency	Amount of Time

LENGTH OF DAY ☐ Check here if the learner's school day is shorter than that of peers without disabilities.
(If checked, Commissioner of Education approval is required.)

NOTE: ***Attach "Notice of Special Education Services."***

Service Personnel Codes

01	Teacher
02	Supervisor / Coordinator
03	Lead Teacher
04	Physical Therapist
05	Occupational Therapist
06	School Nurse (*Report only time in levels V and VI.*)
07	Program / Instructor Assistant Levels I, II, III
08	Program / Instructor Assistant Levels IV, V, VI
09	Director of Special Education
10	Assistant Director
11	School Social Worker
12	School Social Worker Aide for Indian, Hispanic, or Southeast Asian Students
13	School Psychologist
14	Audiologist
15	Adaptive Physical Education Specialist
16	Consultant
17	Other
18	Child Find Facilitator
19	Public Information Facilitator
20	Child Study Due Process Facilitator
21	Alternative Program Facilitator
22	Secretary
23	Substitute Teacher
24	Certified Occupational Therapy Assistant (COTA)
25	Other Certified Therapist
26	SEIMC Management Personnel
27	Vision Media Assistant (braillist / L.P. typist)
28	Interpreter for the Deaf
29	Orientation and Mobility (O & M)
30	Due Process Hearing Officer
31	Clinical Psychologist
32	Behavior Analyst (prior approval)
33	Regional Special Programs Supervisor
34	Assistive Technology Specialist
35	School Counselor

Service Category Codes

425	Early Childhood Handicapped
440	Mildly Mentally Impaired
450	Moderately Severe Mentally Impaired
460	Physically Handicapped
465	Hearing Impaired
470	Speech / Language Impaired
475	Visually Handicapped
490	Specific Learning Disability
491	Other Health Impaired
492	Autistic
493	Emotional / Behavioral Disorder
494	Traumatic Brain Injury

Appendix D

Sample Individualized Family Service Plan Form

Child's Name ______________________

DRAFT

Family Considerations for the Individual Family Service Plan

1. Please describe how you see your child (what you most like, any concerns or needs).

2. In the months or year ahead what would you want for your child and family to help your child?

3. Which of the following do you or other family members feel are important concerns or areas about which you would like more information?

for your child

______ getting around
______ communicating
______ learning
______ feeding, nutrition
______ having fun with other children
______ challenging behaviors or emotions
______ equipment or supplies
______ health or dental care
______ pain or discomfort
______ vision or hearing
______ other

for your family...

______ meeting other families whose child has similar needs
______ finding or working with doctors or other specialists
______ coordinating, making appointments, dealing with agencies
______ coordinating your child's medical care
______ finding out more about how different services work or how they could work better for you
______ planning or expectations for the future
______ more information about what resources might be available
______ transportation

notes:

______ child care
______ finding a support group
______ finding or working with people who can help you in your home or care for your child so you can have a break
______ housing, clothing, jobs, food, telephone
______ information or ideas for
______ brothers, sisters, friends, relatives, others
______ information about the disability or diagnosis
______ money for extra costs of child's special needs
______ help with insurance
______ recreation
______ other

4. What else do you think would be helpful for others to know about your child ?

5. ... about your family?

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Child's Name ____________________

Agenda for the IFSP team meeting. (After reviewing the Family Considerations (page 2). The family and Facilitator create an agenda for the IFSP team meeting. (List the topics, questions and information to share; decide what sequence to follow and how much time will be needed.)

IFSP Team Membership Selection - possibilities to consider for team members which will be helpful or supportive to child and family outcomes/issues/tasks

Family/Community:
- parents
- other family members, relatives, friends
- community, civic, disability or parent groups
- respite, child care providers
- advocates
- legal representation
- ministry, other support source
- other:

Social Services:
- developmental disabilities case worker
- income maintenance/economic assistance
- mental health
- child welfare
- social worker
- other private providers

Health Care:
- primary physician
- other physicians
- private home health care
- primary nurse

Health Care continued
- other hospital staff
- public health nursing
- community health services
- habilitation providers (private therapy)
- Services for Children with Handicaps
- mental health providers
- personal care attendants
- other:

Education:
- administrator or designee
- Early Childhood Special Education
- school nurse
- Early Childhood Family Education
- Head Start
- Community Education
- early childhood programs (e.g., nursery school, child care)
- kindergarten-regular/special educators, related services
- occupational therapy
- physical therapy
- speech therapy
- other:

SCHEDULING IFSP MEETING

Settings and times convenient to family to ensure that they will be able to attend.

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Fill in details of team members on next page.

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Child's Name ____________________

IFSP Team Membership

Each agency or person who has a direct role in the provision of services is responsible for making a good faith effort to assist each eligible child and their family in achieving the outcomes on the child's IFSP.

Name	*	Position/Role	min/wk		start date	Agency and Address	Telephone/Availability
			indirect	direct			

Others Who May Be Helpful to the IFSP Team in planning and/or programming for the child.

Name	*	Position/Role	min/wk		start date	Agency and Address	Telephone/Availability
			indirect	direct			

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* Attendance at meeting: Y=yes, N=no

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Child's Name ______________________

Initial Team List of IFSP Outcomes/Tasks/Issues

(An outcome is a statement of the changes family members want to see for their child, or for themselves, related to their ability to enhance their child's development.)

Priority #	Outcome/Issue/Task	People who can help with this outcome (to assess, plan, commit resources, and/or carryout the plan).	Assessment Needed * ✓		
			INITIAL	FURTHER	NO

*Attach assessment permits as needed

Child's Name ____________________

DOB: __________

Summary of Child's Present Levels of Performance (To be completed by the IFSP Team. Draw from description of the child, additional assessments and observations, for each category. Include needs and functioning in context of daily routine settings. Address all areas listed.)

1. Current health and medical status.
2. Basic senses including hearing and vision
3. Communication: speech and language development
4. Social/emotional/behavorial development
5. Physical/motoric development
6. Cognitive development
7. Self-help skills
8. Academic Performance (when appropriate)

Present Levels of Performance	Child's Needs

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Child's Name ____________________

Major Outcome to be achieved:

Current status: (Include child and/or family resources, needs, concerns)

Objective: (Include criteria, procedures, and timelines used to determine progress)

Activities/Methods/Services (Describe type, amount, frequency)	Location	Persons responsible	Payment arrangements

Degree of Progress:

Date reviewed: ____________

☐ **Continue #s** ____________ ☐ **Modify/revise #s** ____________ ☐ **Discontinue #s** ____________

Child's Name ____________________

Early Intervention Settings/Least Restrictive Environment

"To the extent appropriate, early intervention services must be provided in the types of settings in which infants and toddlers without handicaps would participate." (Sect. 303.12d)

Check all sites for early intervention:

- ☐ child's home
- ☐ other family location
- ☐ family day care

- ☐ community-based program
  - ☐ ECFE
  - ☐ child care program
  - ☐ early childhood program
  - ☐ Headstart
  - ☐ hospital
  - ☐ other:

- ☐ school district ECSE classroom
- ☐ other:

Explain why sites selected are appropriate and least restrictive and reasons others were considered and rejected.

Describe opportunities to interact with peers not receiving special services.

Indicate and describe below any changes necessary to permit successful accomodation of and programming for the child in the least restrictive alternative. (e.g. adaptations in rooms or environment, transportation, materials, equipment, technology, techniques or methods, curriculum, etc.)

Describe accomodations to be used in all sites to promote successful participation.

Describe additional accomodations which are site-specific; indicate at which sites they are needed and why.

DRAFT

Child's Name ______________________

Evaluation of Team Effort to Develop and Provide Services and Support

By IFSP Team Members as Team Evaluation of Self-evaluation

Can be used at any time through-out or after the process.

What worked well?

How could the team be more responsive, effective, or supportive?

What needs to be improved?

Family satisfaction with services.

Appendix E
Articles on Behavior Management

Encouragement

Sharon Hendrickson-Pfeil, M.S., M.A., CCC

Giving encouragement is a vital part of child rearing. Your encouragement tells your child that you believe the child is a capable person, someone who can learn to make good choices.

Children who feel good about themselves keep working until they master new skills. They enjoy taking on new responsibilities. They expect to succeed.

Children who are discouraged about their own abilities often turn to inappropriate, destructive behaviors. They become "good at being bad" to get attention by misbehaving. Or they just give up.

How are encouragement and praise different?

Real encouragement helps your child become self-sufficient, while praise can backfire and actually be discouraging Praise evaluates the child or the child's work as "good" or "bad." Encouragement separates the deed from the doer. Most of us use both, especially with very young children. But the more real encouragement you give, the stronger your child will be as an independent learner. Some examples include the following:

Encouragement
- You're learning!
- That looks like fun!
- You got it!
- Now you know how!
- You can do it!
- Thank you!
- You kept on trying and you learned how!
- You really thought about it that time!
- You're really paying attention!
- You're learning!
- You're really listening!
- You're really sharing!
- You're really taking your time!

Praise
- Good boy! *or* Good girl! (The child may wonder, "If I mess up am I still OK?")
- I'm proud of you. (The child may wonder, "What if I can't do it right or I forget next time?")

How do we discourage children?

Avoid outright discouragement at all costs. This teaches the child it's useless to learn or to try to take on new responsibilities. It also destroys trust in adults. But we often discourage children without realizing that we are doing so. Here are some examples:

- No – not like that!
- Didn't you listen?
- You *never* pay attention!
- You never take your time!
- You never listen!
- Your brother never behaves like this!
- Your sister already knows how.
- Why can't you be like...?

How can I teach my child to correct mistakes?

The aim of correction is to change behaviors in an encouraging, constructive way. Start by assuming your child's mistake was not deliberate. By taking a positive approach, you help your child learn new behaviors. Some words that help with correction are:

- Oh-oh!
- Take your time. You'll get it.
- Let's try it again.
- Let's try this.
- Let's try another way.
- Let's try a new way.
- Let's practice remembering that.
- Watch me again.

What are some other ways to encourage my child?

- Help your child feel worthwhile by spending quality time together.
- Look at drawings, block creations, and school work together.
- Don't judge – just *share*.
- Buy or make educational toys. If your budget is tight, explore resale shops – they often have a good selection of children's toys. Ask your child's therapist or teacher for ideas about appropriate items for your child. Give a few toys at a time – most children, especially those with disabilities, are overwhelmed by too many items at one time.
- If your child is in school, set a regular time for homework. Provide a quiet, well-lit area and perhaps a snack.
- Really *listen* to your child. Give your full attention when your child shares experiences. Make sure to show your appreciation. Celebrate successes, but don't judge failures.
- Let your child see how you learn.

Summary

Encouragement means being there for your child and recognizing the child as an independent human being who will learn if given the chance. If your child is sure of your caring, confidence, and respect, the child will develop self-esteem and will be stronger in all areas of learning.

Natural and Logical Consequences

Sharon Hendrickson-Pfeil, M.S., M.A., CCC

Every decision has a consequence. You can use consequences to help your child learn to make responsible choices and to develop mature behavior. Consequences can be *natural* – arising from behavior without your intervention – or *logical* – planned and applied by you.

A child who loses popcorn money for school will miss the treat. This is a natural consequence; you've done nothing to bring it about. Logical consequences also directly relate to the child's behavior. But they are planned, to help children reduce specific misbehaviors.

In working on a problem behavior, you may choose to stand back and let your child face the natural consequences of the behavior. Or you may explain some logical consequences to your child, then let the child select one and experience it.

Are logical consequences different from punishment?

Natural and logical consequences both teach that the child has the power to solve problems. This sense of personal capability helps develop a sense of responsibility. Providing natural and logical consequences show you trust your child to work out solutions.

Punishment teaches that only adults have power, so only adults are truly responsible. It usually does not teach why responsible behavior is important because the punishment is often not related to the behavior.

Logical consequences, if well planned and presented, encourage and strengthen the child. Punishment only damages the child's self-esteem. Here are some of the important differences between punishment and logical consequences.

Punishment

- Makes the child the object of your anger, which may be expressed directly or indirectly
- Focuses on guilt
- Is not necessarily related to the misbehavior.

Logical Consequences

- Avoid anger and power struggles. The child is not judged or scolded.

- Focuses on problem-solving
- Always relate directly to the misbehavior.

How do I select the right logical consequence?

Logical consequences should be as close to natural ones as possible. Here are some examples of appropriate logical consequences.

- **Behavior:** Child throws food on the floor.
- **State logical consequence:** "If you throw your food, it will be all gone. Then there won't be any more until lunch time."
- **Action:** If child continues throwing food, let child experience the natural consequence of an empty plate. Assure child that you will fix a good lunch later.

- **Behavior** Child, age 1½ years, is fascinated by electric outlets. Child repeatedly tries to poke finger into one.
- **Demonstrate logical consequence:** Give warning – "That's a no-no" – then set child in playpen.
- **Action:** Each time child approaches the outlet, leave child in playpen a little longer. Child soon learns that approaching the electric outlet is choosing to be taken to playpen.

- **Behavior** Child plays roughly and noisily in front of the TV while you are watching a program.
- **State logical consequence:** "We're watching the TV. You can play quietly with a book or your doll or you can play in the other room. You decide."
- **Action:** If child doesn't settle down, say "I see you'd rather play in the other room. Come back and sit down with us when you're ready." Then follow through; guide child into the other room if necessary. If child continues to test you, simply say: "I see you're still not ready to play quietly. You've decided to stay in the other room. You can decide where you want to play again tomorrow night." Don't scold or explain further. Gently but firmly show that no more play in the living room will be permitted tonight.

- **Behavior:** Child has difficulty playing with other preschoolers and frequently hits them and grabs their toys.
- **State logical consequence:** In a firm, friendly voice, give child a choice. Child can play nicely, or sit alone for some "time out," until ready to play without hitting or grabbing.
- **Action:** Assure child that there will be another chance soon, then put child in time-out area. Don't scold, apologize, or explain that this avoids conflict, and you may not become the target of pleading or tears. If child leaves the time-out area to test the consequence, return child gently but firmly. Don't repeat explanations or make eye contact, which the child may find rewarding.

Some problem behaviors may be approached in one of several ways:

- **Behavior:** Your three-year-old does not like to ride in a car-seat. Child whines, wriggles, and protests during entire trip.
- **State logical consequence:** "When you make noise, I can't drive. Then we have to wait until it's quiet before we go."
- **Action:** Each time child begins to whine or protest, pull the car to the side of the road. Allow extra time when traveling together, and introduce this on a weekend or over a few days when you're not feeling hurried.

Alternative:

- **State logical consequence:** "If we get home on time, there'll be time for you to play outside. If you fuss and cry so we can't, there won't be time later on to do something fun."
- **Action:** If child fusses in the car, don't scold. When you get home, say: "Uh-oh, you fussed in the car. Now there's no time for playing. You can decide again next time."

How do I explain and carry out logical consequences?

Always tell your child about the logical consequences of choices *before* the child misbehaves. The child must know that there is a real decision to be made.

Don't carry out unpleasant consequences when you're angry. Your tone of voice will make this seem more like punishment than a learning experience – and it won't work. Be friendly and matter-of-fact when you explain choices and when you follow through. Don't scold or nag. Be encouraging. If your child has lost a privilege as a logical consequence, make sure the child knows that soon there will be another chance to decide.

Natural consequences speak for themselves. If the child complains about these consequences express your confidence that the child can solve the problem.

My child has a disability. Will natural and logical consequences work?

Yes! Keep your child's limitations in mind when you plan, explain, and carry out consequences. If your child has limited language comprehension, give simple explanations and consequences. Include older children in a family council when you plan house rules and logical consequences.

Where can I find help in planning natural and logical consequences?

Some school districts and community agencies offer workshops and materials for the Systematic Training for Effective Parenting (STEP) program. The STEP program teaches specific techniques for using natural and logical consequences and lets parents share their experiences.

A family counselor or psychologist can help you tailor logical consequences to your child's needs. Help may also be available through your child's school – ask the school counselor.

Changing Your Child's Behavior: the Behavioral Approach

Robert J. Bennetti, M.Ed.

What is the behavioral approach?

The behavioral approach is a way to change your child's behavior by using basic principles of learning. It is concerned with what your child does – how the child responds to the environment.

The behavioral approach translates inner events – such as emotions – into things that can be observed and measured. To measure "laziness," you can see how long your child takes to finish a job. You can measure "anger" by how often your child fights. To measure "fussiness," you can find out how often your child cries. This approach lets you work to change specific behaviors and determine whether the change happened.

How does this approach differ from other approaches?

The major difference is the emphasis on behavior. Emotions, thoughts, and feelings are important, but they are hard to observe and difficult to predict, control, or change.

Some other approaches try to change how a child feels or what the child thinks about parents and playmates in the hope that the child's behavior will change. The behavioral approach is more concerned with the child's behavior – the idea is that a *change in behavior will change the way the child thinks or feels.*

Another important difference is the belief that a child *learns* how to behave – that behavior is not caused by underlying drives or characteristics that the child is born with.

What are some of the principles of the behavioral approach?

The most important behavioral principle is that no behavior occurs in isolation. Behavior doesn't just happen – something else always happens first and sometimes causes the behavior. And there is always a consequence that follows the behavior.

There can be any of three major consequences: the behavior can be rewarded, punished, or ignored. When you reward a behavior it is more likely to occur again. When you punish or ignore a behavior it is less likely to occur again.

Behavior change – *learning* – occurs when you let your child experience the consequences of behavior. Your child is responsible for behavior a*nd* for the consequences that follow.

Of course, parents have been using rewards and punishments for years. The key is in *how* they are used. To begin with, you must set up rules or expectations for behavior in advance. With your child, review the behavior you expect. Be specific. Then go over the consequences, both negative and positive. The child must clearly understand the consequences of behavior.

By knowing the consequences ahead of time, your child can choose how to behave and must accept the consequences for that behavior. Your child's misbehavior is now the child's problem – not yours. And the reward for the behavior you desire will be the child's to enjoy. This eliminates the need for nagging, scolding, lecturing, and threatening.

The second principle is *consistency*. There is no single parenting skill more important than consistency.

You'll be much more effective in managing misbehavior and teaching your child more acceptable forms of behavior when you respond in a consistent manner. Inconsistency leaves children confused, mistrustful, and more likely to manipulate their parents. Inconsistency also teaches children that one way to get attention – a reward – is through misbehavior.

Consistency means agreeing on what is expected of the child as well as the consequences for both misbehavior and good behavior. It also means that both parents work together as a team.

The final principle is to pay more attention to your child's good behavior and accomplishments and less attention to the misbehavior and failures. It's easy to ignore your child's good behavior and devote your attention to the misbehavior. You can more effectively manage behavior by using the opposite approach. Praise your child as a reward for being cooperative, helpful, or well behaved. Rather than scolding or lecturing, try ignoring your child when the child is disruptive or misbehaving. Ignoring undesirable behavior can be a powerful way of disciplining your child.

My child has a disability. Will the behavioral approach work?

It should – the behavioral approach provides some of the most effective techniques to manage behavior. It's easy to learn, easy to teach, and easy to use. And it doesn't rely heavily on the child's verbal ability, so it works with children with even the most severe speech delays or intellectual or sensory impairments. And, since the approach is concerned with how your child *acts*, you'll be the first to know if it works.

For more information

- Dreikurs, R., & Soltz, V. 1964. *Children, the challenge*. New York: Hawthorn/Dutton.
- Dinkmeyer, D., & McKay, G. 1973. *Raising a responsible child*. New York: Simon and Schuster.
- Guhl, B., & Fontenelle, D. 1987. *Purrfect parenting*. Tucson: Fisher.

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Appendix F
Play Checklist

PLAY CHECKLIST

Date: ______________________________

Name: ______________________________

Date of Birth: ______________________________

Check the highest level skills you consistently observe:

*1. Pretending with Objects
- ☐ Does not use objects to pretend
- ☐ Uses real objects
- ☐ Substitutes objects for other objects
- ☐ Uses imaginary objects

*2. Role-Playing
- ☐ No role play
- ☐ Uses one sequence of play
- ☐ Combines sequences
- ☐ Uses verbal declaration (i.e., "I'm a doctor.")
- ☐ Imitates actions of role, including dress

*3. Verbalizations about Play Scenario
- ☐ Does not use pretend words during play
- ☐ Uses words to describe substitute objects
- ☐ Uses words to describe imaginary objects and actions (i.e., "I'm painting a house.")
- ☐ Uses words to create a play scenario (i.e., "Let's say we're being taken by a monster.")

*4. Verbal Communication during a Play Episode
- ☐ Does not verbally communicate during play
- ☐ Talks during play only to self
- ☐ Talks only to adults in play
- ☐ Talks with peers in play by stepping outside of role
- ☐ Talks with peers from within role (i.e., "Eat your dinner before your dad comes home.")

*5. Persistence in Play
- ☐ Less than five minutes
- ☐ Six to nine minutes
- ☐ Ten minutes or longer

6. Interactions
- ☐ Plays alone
- ☐ Plays only with adults
- ☐ Plays with one child, always the same person
- ☐ Plays with one child, can be different partners
- ☐ Can play with two or three children all together

#7. Entrance to a Play Group
- ☐ Does not attempt to enter play group
- ☐ Uses force to enter play group
- ☐ Stands near group and watches
- ☐ Imitates behavior of group
- ☐ Makes comments related to play theme
- ☐ Gets attention of another child before commenting

8. Conflict Management
- ☐ Gives in during conflict
- ☐ Uses force to solve conflicts
- ☐ Seeks adult assistance
- ☐ Imitates verbal solutions provided by adults
- ☐ Recalls words to use when reminded
- ☐ Initiates use of words
- ☐ Accepts reasonable compromises

9. Turn-Taking
- ☐ Refuses to take turns
- ☐ Leaves toys: protests when others pick them up
- ☐ Gives up toy easily if done with it
- ☐ Gives up toy if another child asks for it
- ☐ Takes turns if arranged and directed by an adult
- ☐ Asks for turn, does not wait for a response
- ☐ Proposes turn taking; will take and give turns

10. Support of Peers
- ☐ Shows no interest in peers
- ☐ Directs attention to distress of peers
- ☐ Offers help
- ☐ Offers and takes suggestions of peers at times
- ☐ Encourages or praises peers

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Note: The developmental progression outlined in each segment of the play checklist can be used as a guideline when assessing most children's development. However, not all individuals will go through the same steps in development nor through the same developmental sequence.

Sections marked with * are adapted from: Smilansky, S. 1968. *The Effects of Sociodramatic Play on Disadvantaged Preschool Children*. New York: Wiley

Sections marked with # are adapted from: Hazen, Black, & Fleming-Johnson. "Social Acceptance." *Young Children* 39 (1984): 26-36.

From *Pathways to Play. Developing Play Skills in Young Children*. Redleaf Press, 450 N. Syndicate, St. Paul, MN 55104. 1-800-423-8309.

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Explanation of the Play Checklist

The following is a detailed explanation of each of the individual sections of the Play Checklist.

1. Pretending with Objects

This is one of the first skills a child acquires in play. At around twelve to eighteen months, a child begins to use objects in a dramatically new way. Instead of just exploring their physical properties, the child begins to pretend with them. The child not only picks up and puts down the telephone, she *talks* when the receiver is near her mouth. Now she is beginning to symbolize. The smooth transition between these two stages underplays the truly dramatic and exciting beginnings of pretending.

It may be difficult to always interpret accurately how a child is using an object. As you cannot see inside the child's mind, you need to observe her behaviors and listen to her language. Most of the time, if you understand the child's frame of reference, you will be able to see how she is pretending with objects.

- Does not use objects to pretend

  This means that the child simply uses objects to bang, roll, drop, or push. All the action is done to explore physical properties, *not* to pretend.

- Uses real objects

  By eighteen months most children begin to use real objects or child-sized replicas to pretend. For example, a child may use a bottle to feed a doll or may pretend to cook by stirring with a spoon in a pan. At this level, the child almost always needs an object that looks like the real thing to pretend. If given substitutes, the child may ignore them.

- Substitutes objects for other objects

  A child can increasingly use more dissimilar objects to pretend. For instance, a child may use a block as a bed for the baby and a few months later use a blanket or rug as a bed. A child who cannot do this will seek out a more realistic prop to use.

- Uses imaginary objects

  By age four most children no longer need an object to pretend. They use action and words to indicate imaginary objects. In our experience many children do this first with imaginary food or imaginary money. Gradually, the child learns that even if she doesn't have an object, the play doesn't have to stop. She can *pretend* to have the object.

2. Role-Playing

This section highlights a child's ability to act out a role in play. Certainly, most children find role-playing to be delightful. They quickly don the fire-fighter hats and coats to fight the fire. This requires a complex understanding of *how* the role is played. Children use voice, dress, body language, and props to communicate that understanding.

- No role-play

  The child uses no props, language, or actions to play a role. She may lack the cognitive understanding of what a role is or may be afraid to risk role-play in a group.

- Uses one sequence of play

  In early role-playing, toddlers pretend just one incident. For example, a two-year old may pick up the telephone, say hello, and hang up. Or she may put a bottle to a doll's mouth for a few seconds and then throw the bottle and the doll aside.

- Combines sequences

  As a child matures, she learns to combine play events so they become more complex. For example, Monica stirs a spoon in a pan at the stove in the house corner and then sets the table. Combining these distinct and separate events into one continuous flow builds up to playing a role in an elaborate and unique style.

- Uses verbal declaration (i.e., "I'm the doctor.")

  A child may verbally indicate he is the dad or a firefighter. However, this may or may not be supported by dress, actions, and language appropriate to that role. If the child does not elaborate beyond the verbal declaration, the child may need help to further play out the role. For example, Ali would run into the doctor play and say, "I'm the doctor." He would then run out. His caregiver helped him do the actions of a doctor by encouraging him to put on the white coat, take a blood pressure reading, and give a shot.

- Imitates actions of role, including dress

  The child has the ability to imitate roles in play such as doctor, parent, super hero, or baby. She will use dress, actions or body language, props, voice, and words to play out her understanding of what others in that role *do*. The child learns what each role requires by watching adults, watching television or movies, and reading books. Unless a child can succeed in role-playing, she will have real difficulty with sociodramatic play in a group. She will be quickly left behind in the ongoing action.

3. Verbalizations about Play Scenario

Children use language during play to let their play partners know where the play is going. Without words, children lose track of the collective play theme and play disintegrates. In this section of the checklist, we look at the child's words that build the pretend theme.

These words may or may not be spoken to others in play.

- Does not use pretend words during play

  If you check this item for a child the child probably is not talking much during play. A child with a language delay or a shy temperament would have difficulty with verbalizations.

- Uses words to describe substitute objects

  The child will use words to communicate to other children or adults what a substitute object represents. For instance, a child may put a piece of paper in another child's hand and state, "Here's a rock for the wall."

- Uses words to describe imaginary objects and actions

  The child will use words to communicate what an object or action is. For instance, a child may be standing in front of the wall and moving her arm up and down the wall, saying, "I'm painting now."

- Uses words to create a play scenario

  This last item is the most difficult skill. The child uses words to create a scene. You may see a child outline a scene which a group of children will then enter. For example, Sarah said loudly, "Let's say this is an ocean and we are on this boat and there's a whole bunch of sharks after us." If the group of children agrees to this scene, the play begins.

4. Verbal Communication during a Play Episode

Not only do children use words to create agreement on actions and themes, they use language to direct others or communicate with others during play. Unless this verbal interaction occurs, children play their roles alone with little communication between them. Gestural language such as sign language can perform the same function. Language or gestural communication becomes the "glue" that holds the play together.

- Does not use words during play

  The child does not speak during play episodes. Sometimes this child is an onlooker. Other times she will be in the middle of a play group, but will attempt no verbal communication.

- Talks during play, only to self

  The child may talk but the words aren't directed or intended as communication. The child may simply be talking to herself. This is used by many children to further their individual play, but it doesn't help the child integrate into the group play.

- Talks only with adults in play

  The child talks with an adult to ask for toys or materials or to describe what she is doing. She may ask for help with sensorimotor tasks like buttoning the buttons on a doll's shirt.

- Talks with peers in play by stepping outside of role

  The child will direct comments to others, but steps out of a role temporarily to do it. When a child does this she may tell another child how to play a role or correct the other child's actions. For example, Mary stops feeding the baby long enough to tell John, "No John! That's not where the daddy sits."

- Talks with peers from within role

  The most sophisticated way to verbally communicate during play is to talk from inside of the role. A skilled child will be able to give suggestions or direct others in their respective roles by playing the mom or teacher or doctor. In the example above, if Mary had learned this skill, she could say in her mommy voice, "No dear, you sit over here." When this skill is achieved, there are fewer breaks in the play.

5. Persistence in Play

This section examines how long a child may play *in a group* as part of a sociodramatic play theme. A child with a short attention span will have difficulty staying in one place, much less playing with a group. A child may also play alone longer than with a group, but use this section to measure time in a group play episode.

This will be an important skill to observe more than one time. Even children who are typically capable of persisting may be interrupted easily if they are playing in high traffic areas with many distractions.

- Less than five minutes

  Toddlers flit from activity to activity, but most three year olds should be able to join in group play for as long as four minutes.

- Six to nine minutes

  Four year olds should increasingly expand their group play times to nine minutes.

- Ten minutes or longer

  Most five year olds can sustain a sociodramatic play episode with other children for ten minutes or longer.

6. Interactions

In sociodramatic play a child will interact with at least one other child. They exchange ideas, conversation, and materials as they work together to create playful scenes.

- Plays alone

  The child who plays alone is sometimes thought of as a loner or withdrawn child. She tends to be on the outskirts of the group's activities and may isolate herself further by choosing activities and materials that are typically used by one person at a time, such as easel painting or working with beads.

- Plays only with adults

  Adults can become a child's primary play partners if the child is uncomfortable with her peers. She can be quite demanding of adult attention and unsure of what to do with herself when the adult is unavailable to her. The child might look to the adult to provide play ideas and to keep play going. For example, Michael preferred to be with one caregiver and followed her around the classroom. When she was unavailable, Michael was at a loss for appropriate play ideas and went to the water table to play alone.

- Plays with one other child, always the same person

  People consider this child to have only one "best friend." She has learned to get along adequately with this best friend but seems unable to transfer the interaction skills to play with any other children.

- Plays with one child, can be different partners

  A child interacting at this level will play with a number of different children but she needs to play one-on-one. Her partners may switch from day to day or from activity to activity. At this point she is still unable to play in groups of three so she may reject others.

- Can play with two or three children all together

  Playing with two or three others in a group is the most sophisticated level of interaction. The child who knows how to do this pays attention to the other children and is capable of some give and take.

Francis Wardle

7. Entrance to a Play Group (Adapted from Hazen, Black, & Fleming-Johnson, 1984.)

This skill differs from the interaction skills discussed above in a subtle way. It refers to the child's ability to enter into a group of children that have already established a play scenario.

- Does not attempt to enter play group

  A child who does not attempt to enter a play group may be somewhat disconnected from the others. She may not attend to other's behavior or their verbalizations. This child plays alone frequently and may decline the play invitations of other children.

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- Uses force to enter play group

  Many types of force may be mistakenly tried to enter the play of others. Children may initiate contacts with others by patting them on the back, poking their arm, wrestling them to the ground, or using verbal threats such as, "I'm not going to be your friend anymore." These attempts to make contact are rarely successful.

- Stands near group and watches

  Sometimes standing near the group and watching the established play can be an effective method of gaining entry. The child becomes enveloped as the play of the group surrounds her.

- Imitates behavior of group

  As above, the child stands near the group but this time begins to perform the same type of activities. The child is usually on the outskirts of the group but instead of just watching she imitates their behaviors. Once again the play of the group surrounds her.

- Makes comments related to play theme

  Using this strategy to enter play, the child comes into the group and says something related to what the other children are doing. When Marie came up to a group of children playing school she said, "How about we go on a field trip to the zoo?"

- Gets attention of another child before commenting

  The most effective strategy a child can use is to call a child's name, establish eye contact, or tap her shoulder to get her attention before making a comment that is related to the existing play. Building on the example above, Marie would have said, "Josh, how about if we go on a field trip to the zoo?"

8. Conflict Management

For many preschoolers conflicts occur because they don't agree about who should play with a toy or what they should play. If problems cannot be resolved in a way that is acceptable to all those involved, play will fall apart or individuals will be left out.

- Gives in during conflict

  Some children respond to conflict in a passive manner. A child who gives in will leave the area or go on to another activity when someone takes her toy. Sometimes this child looks very surprised that another person would take her toy and may look as if she doesn't know what to do in a conflict situation. Others choose not to respond.

- Uses force to solve conflicts

  Preschoolers often try to solve problems through the use of force. Force can mean physical aggression, verbal aggression, manipulation, or physical intimidation. Preschoolers with poor language skills are more likely to try to get a toy by using aggression because of the difficulty they have in making themselves understood. Others may verbally threaten their peers by saying, "I'm going to let you have it if you don't give me the Big Wheel." A child may even try to bully someone by standing over him and puffing out his chest while showing his clenched fist.

- Seeks adult assistance

  When a child has little problem-solving ability she relies on the adult to solve it for her. She might start crying when she has a problem and looks toward the adult, or she might come to the adult to complain about a situation that she doesn't know how to handle. Most often the adult must go with the child to assist her in solving the problem.

- Imitates verbal solutions provided by the adult

  While the child may not be able to solve the conflict by herself, she can use the words that the adult gives her. The adult must provide the child with the appropriate words to use in the situation. The child is responsible for going back to the conflict situation and imitating the words given.

- Recalls words to use when reminded

  A child at this level still goes to the adult for help when faced with a problem. The adult reminds her of how to solve the problem by giving a direction such as, "Use your words." She is then able to go back to the situation and use some of the words she recalls having learned in the past.

- Initiates use of words

  After much practice a child learns to use words to solve conflicts on her own. She needs no reminders or help in thinking of the words to use. But she may need help in getting the other child to listen to her or to follow through with her request.

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- Accepts reasonable compromises

  Children who are able to accept reasonable compromises in problem-solving situations know how to use words to get their needs met and can sometimes do as another child asks.

9. Turn-Taking

In group child care settings we ask children to learn to share at a very early age. Because of a limited number of resources, children must learn to take turns with toys, equipment, and adult attention. In order to successfully take turns, a child must understand give-and-take. She must learn to temporarily delay her own satisfaction in order to coordinate her behavior with others. In addition, she must know how to negotiate a trade or a deal and sometimes accept the suggestions made by others. This is closely related to the child's ability to manage conflict.

- Refuses to take turns

  It is not uncommon for a child to refuse to take turns. If she is forced to share a possession she may prefer to leave the area rather than share something that she is not ready to give up. A young child may have a tantrum when asked to share an item. An older child may say, "I'm not playing if I can't have the one I want."

- Leaves toys; protests when others pick them up

  A child will leave a toy that she has been playing with but will still feel that it is hers. She may become upset and demand back a toy that someone else has picked up. D.J. had been using the yellow truck in the sand but left the area to greet another child who had just arrived. When D.J. returned he found Jeremy had picked up the yellow truck and was driving it around. He yelled, "Hey, I was using that."

- Gives up toy easily if done with it

  As a child matures, she will leave a toy she is finished with. She understands that toys she leaves might not be in the exact same place when she returns and that others may use them.

- Give up toy if another child asks for it

  A child will share a material when she is asked only when she feels done with it. A typical response would be, "That's okay, I'm done anyway," or "Sure, I'm going to play with the dump truck now."

- Takes turns if arranged and directed by an adult

  Some children need an adult to structure turn-taking. For instance, the adult may tell the child how to judge when the other is done, set limits on the number of children using a material, or divide up toys among the players. Whatever type of adult intervention is used, a child at this level will be able to agree to the turn-taking propositions.

- Asks for turn, does not wait for a response

  When a child begins to learn to ask for a turn she uses the words to ask but sometimes leaves out the pause that gives the other person a chance to respond. The child does not understand that she needs to wait for the other person and so the words and the taking of the item take place simultaneously. For instance, when Jackie asked for a towel she said, "Can I have a towel, Ellie?" At the same time she took it from Ellie's hand.

- Proposes turn-taking; will take and give turns

  Play can proceed smoothly when a child has successfully learned to share a piece of equipment. Learning to share means being able to both give and take turns.

10. Support of Peers

Being able to support your peers is important to starting and maintaining friendships. This is difficult for many younger children, who may be at a very egocentric stage in their development. It requires that a child learn to look at a situation from another person's position, empathize with other's feelings, offer comfort or help, establish a balance in giving and taking suggestions that help play to continue, and develop positive attitudes toward others (Asher, Renshaw, & Hymel, 1982).

- Shows no interest in peers

  To stand and watch others seems simple enough, yet some children do not notice the actions and expressions of others. An impulsive, active, or self-absorbed child may have difficulty showing interest in her peers.

- Directs attention to distress of peers

  A young child will pay attention to others in the room who are crying or upset. She stops what she is doing momentarily and looks in the direction of the other child. She may even move closer to the child who is upset.

- Offers help

  Not only does this child pay attention to another child in the room who is crying or upset; she will also try to help. She will hold out a cuddly, stuffed animal or a blanket to provide comfort. She may try to hug or pat the back of a child who is upset. Her actions suggest that she understands how the other child feels and wants to help her feel better.

- Offers and takes suggestions of peers at times

  When two or three children are playing together they must share in the planning and leadership roles of play. A child capable of this will go along with the suggestions of others and may say something like, "Yeah, let's do that," or "That's a good idea." At other times, the child will offer play ideas, saying, "Let's pretend...," or "How about if we..." There should be some balance in suggesting scenes to play and accepting those of others.

- Encourages or praises peers

  This child is able to recognize the strengths of other children and comment on them or to notice and say something about a child who is working hard or doing a good job. For instance, as Marcia arrived at child care Lexi said, "That's a neat sweatshirt, Marcia."

TIME FOR ACTION

Now that we have discussed observing a child and filling out the checklist it is time for you to try these techniques. Pick out a child in your care that you are concerned about. Refer to the guidelines presented in this chapter to decide if you want to do a checklist. If so, do two to three running records during free play. With the more detailed information about the child you can complete a checklist. After you have done this, you will have a clearer understanding of the child and her skills.

Remember to do the checklist from two to three observations, rather than during a direct observation. You need the information from several different observations to complete the picture of a child. Be sure the observations are in varied settings, with opportunities for a variety of play for the child. For more on observations, see page 20.

PLANNING FORM

Child's Name: ____________________

GOAL

Who: ____________________

Does what: ____________________

How well or how often: ____________________

Target Completion Date for Goal: ____________________

LESSON PLAN

Date: ____________________

When will you work on the lesson? ____________________

____

What are the child's special interests? ____________________

____

How many children will be involved? ____________________

____

Where will the playing take place? ____________________

____

What props will be needed? ____________________

____

Your role ____________________

____

Activities during play: ____________________

____

____

Support Strategies: ____________________

____

____

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Appendix G
Family Needs Survey

Dear Parent,

Many families of young children have needs for information and support. Some needs commonly expressed by families are listed below. It would be helpful to us if you would check (in the boxes on the right) any topics that you would like to discuss. We have provided a place at the end for you to describe other topics not included in the list.

If you choose to complete this form, the information you provide will be kept confidential. If you would prefer not to complete the survey at this time, feel free to keep it for your records.

Child's name ____________________
Person completing survey ____________________
Relationship to child ____________________
Date completed ____________________

Would you like to discuss this topic?

	Yes	No	Unsure
Information			
1 How children grow and develop.	☐	☐	☐
2 How to play or talk with my child.	☐	☐	☐
3 How to teach my child.	☐	☐	☐
4 How to handle my child's behavior.	☐	☐	☐
5 Information about any condition or disability my child might have.	☐	☐	☐
6 Information about services that are presently available for my child.	☐	☐	☐
7 Information about the services my child might receive in the future.	☐	☐	☐
Family and Social Support			
1 Talking with someone in my family about concerns.	☐	☐	☐
2 Having friends to talk to.	☐	☐	☐
3 Finding more time for myself.	☐	☐	☐
4 Helping my spouse accept any condition our child might have.	☐	☐	☐
5 Helping our family discuss problems and reach solutions.	☐	☐	☐

6 Helping our family support each other during difficult times.	☐	☐	☐
7 Deciding who will do household chores, child care, and other family tasks.	☐	☐	☐
8 Deciding on and doing family recreational activities.	☐	☐	☐

Financial

1 Paying for expenses such as food, housing, medical care, clothing, or transportation.	☐	☐	☐
2 Getting any special equipment for my child's needs.	☐	☐	☐
3 Paying for therapy, day care, or other services my child needs.	☐	☐	☐
4 Counseling or help in getting a job.	☐	☐	☐
5 Paying for baby-sitting or respite care.	☐	☐	☐
6 Paying for toys my child needs.	☐	☐	☐

Explaining to Others

1 Explaining my child's condition to my parents or my spouse's parents.	☐	☐	☐
2 Explaining my child's condition to his or her siblings.	☐	☐	☐
3 Knowing how to respond when friends, neighbors, or strangers ask questions about my child.	☐	☐	☐
4 Explaining my child's condition to other children.	☐	☐	☐
5 Finding reading material about other families who have a child like mine.	☐	☐	☐

Child Care

1 Locating baby-sitters or respite care providers who are willing and able to care for my child.	☐	☐	☐
2 Locating a day care program or preschool for my child.	☐	☐	☐
3 Getting appropriate care for my child in a church or synagogue during religious services.	☐	☐	☐

Professional Support

1 Meeting with a minister, priest, or rabbi.	☐	☐	☐

2 Meeting with a counselor (psychiatrist, social worker, psychologist).	☐	☐	☐
3 More time to talk to my child's teacher or therapist.	☐	☐	☐

Community Services

1 Meeting and talking with other parents who have a child like mine.	☐	☐	☐
2 Locating a doctor who understands me and my child's needs.	☐	☐	☐
3 Locating a dentist who will see my child.	☐	☐	☐

Other

- Please list other topics or provide any other information that you feel would be helpful to discuss.

- Is there a particular person with whom you would you prefer to meet?

Thank you for your time. We hope this form will be helpful to you in identifying services.

Adapted from D. Bailey and R. Simeonsson (1988). "Assessing needs of families with handicapped infants". *Journal of Special Education, 22,* 117–127.

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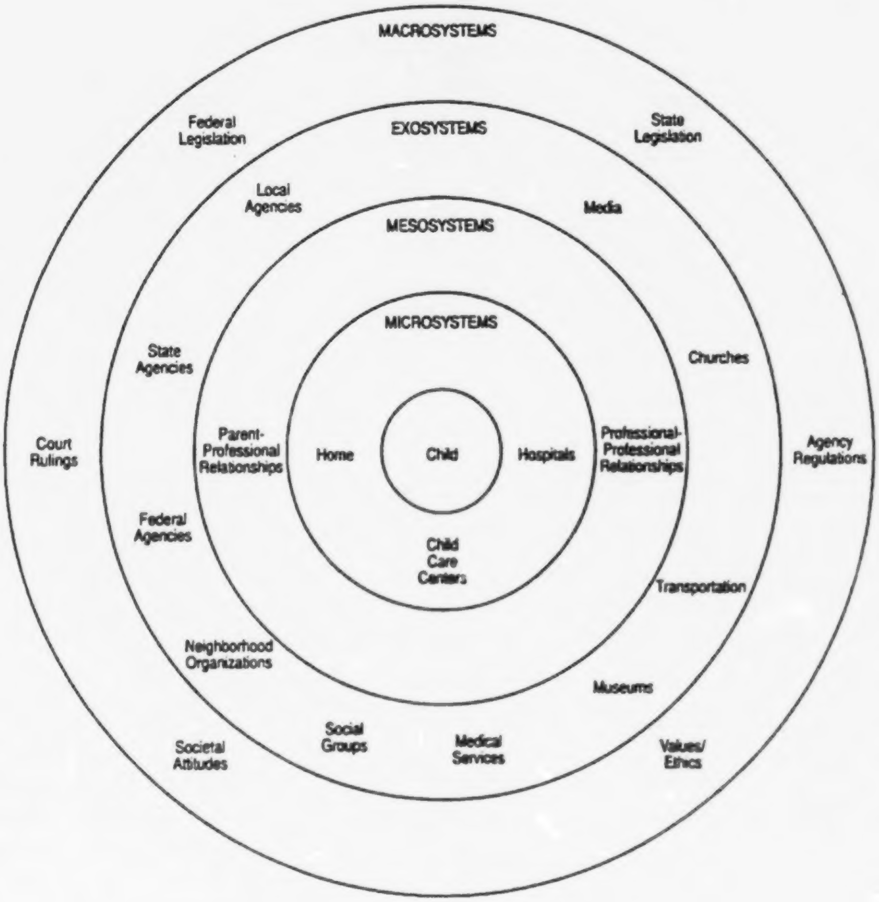
Transparencies

Circles of Influence


MACROSYSTEMS
Federal Legislation
State Legislation
EXOSYSTEMS
Local Agencies
Media
MESOSYSTEMS
MICROSYSTEMS
State Agencies
Churches
Court Rulings
Parent-Professional Relationships
Home
Child
Hospitals
Professional-Professional Relationships
Agency Regulations
Federal Agencies
Child Care Centers
Transportation
Neighborhood Organizations
Museums
Societal Attitudes
Social Groups
Medical Services
Values/ Ethics

1.1

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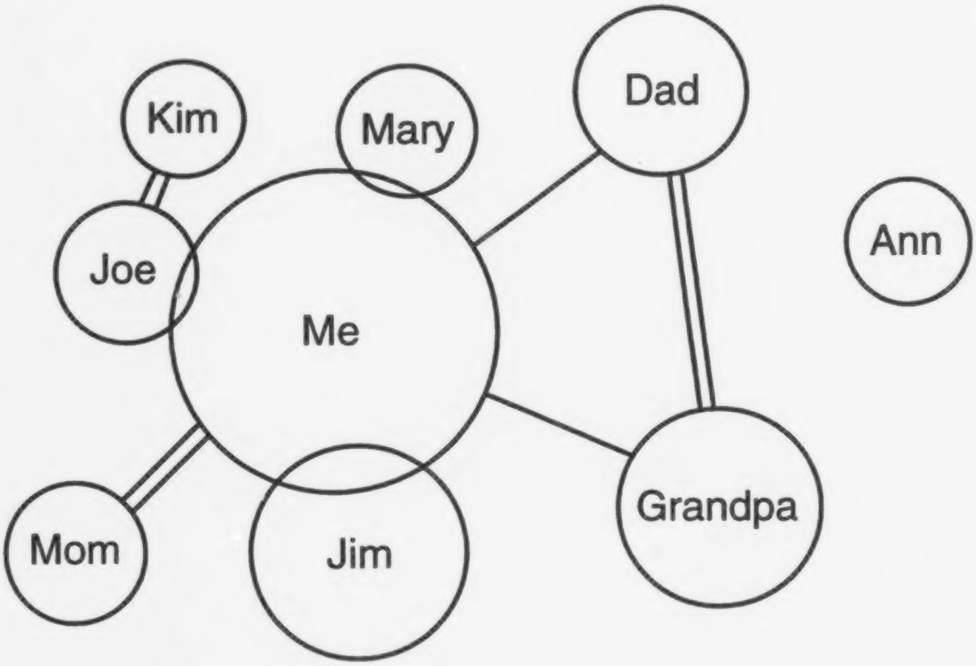
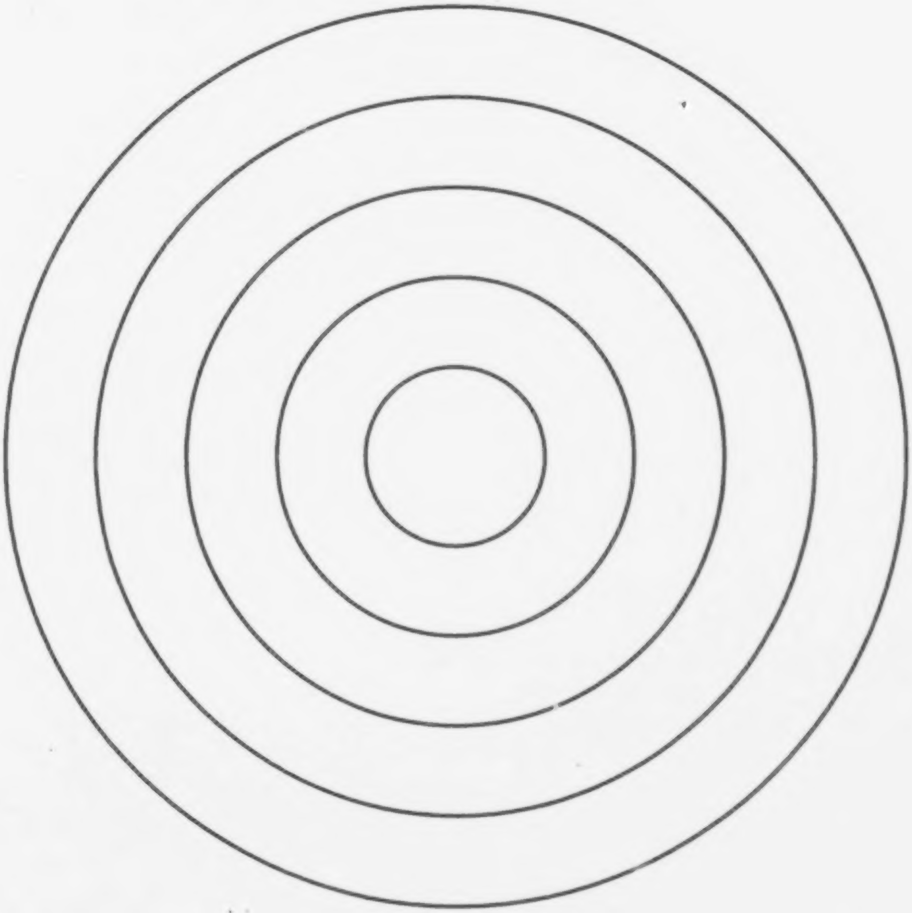
A Family Mobile


Kim
Mary
Dad
Joe
Ann
Me
Mom
Jim
Grandpa

1.2

Circles of Influence



1.3

All people are capable of growth and development.

2.1

Normal development is never “normal”.

2.2

Developmental Domains

- Motor
- Cognitive
- Social/Emotional
- Communication

Play skills are functional skills.

2.4

~~L2068~~

Module Five

Early Childhood: The Role of the Paraprofessional

Prepared by
Institute on Community Integration (UAP)

UNIVERSITY OF MINNESOTA
The College of Education
and Human Development

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Published November, 1995.

The paraprofessional training module *Early Childhood: the Role of the Paraprofessional,* part of the series *Strategies for Paraprofessionals Who Support Individuals with Disabilities,* was prepared at the Institute on Community Integration (UAP), College of Education and Human Development, University of Minnesota.

The development of these materials was supported in part through the U.S. Department of Education, Office of Special Education and Rehabilitative Services (OSERS), grant #84029F20009 and the Administration on Developmental Disabilities (ADD), U.S. Department of Health and Human Services, grant #90000302. The opinions expressed herein are those of the authors and do not necessarily reflect the position of the U.S. Department of Education or the U.S. Department of Health and Human Services. This project is a collaborative effort between the Institute on Community Integration, Hutchinson Technical College, the Minnesota Department of Education, and the Minnesota State Board of Technical Colleges.

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Introduction

An Introduction to the Series

This series should be useful to paraprofessionals and paraeducators in education as well as direct service staff in community agencies in preparing for a career or in upgrading skills while already employed. Skills needed by individuals working under a variety of titles are often similar. Our focus is on those individuals working in education, but most of the information contained in this series is appropriate for others; please feel free to adapt it where needed.

The Need for Today's Paraprofessionals

The need for paraprofessionals to work with persons who have disabilities has been growing in recent years. Increasing numbers of persons with a range of disabilities are now living in small residential settings in our communities, attending regular classes in neighborhood schools, holding jobs in local businesses, and participating in community recreation and social activities. There is a great need for paraprofessionals to provide the services and supports these individuals need for community living.

By employing paraprofessionals, services for persons with disabilities are able to expand and improve the quality of assistance they provide. Some of the benefits paraprofessionals offer service agencies and consumers are:

- Expanded learning opportunities for persons with disabilities.
- More individualized attention and instruction.
- Increased opportunities for individuals with disabilities to observe and learn appropriate behaviors.
- Increased planning time for educators, supervisors, and others.
- Improved staff morale.
- Better monitoring and evaluation of persons with disabilities.
- Greater consistency in services.
- Improved parent-school relationships.
- Greater involvement of persons with disabilities in education and other settings in the community at large.
- Transportation assistance for individuals with disabilities.
- Vocational skill development for individuals with disabilities.

The Role of Today's Paraprofessional

Paraprofessionals who work with individuals with disabilities have a variety of roles and definitions, depending on the environment in which they work. The Minnesota Department of Education (MN 3525.0200, Subp. 9b) definition states that a program assistant or pupil support assistant provides services to students only under the direct guidance and direction of a regular or special education teacher or related provider, and those services must be:

- To enhance the instruction provided by the teacher or related staff in academic instruction, physical or behavior management programs, transition, and other integrated activities.
- To supplement instructional activities or to provide extended practice in instances in which the support assistant has had training from a special education or related services staff, and continues to receive ongoing direction and support from a special education teacher.

From the National Resource Center for Paraprofessionals in Special Education and Related Services (City University of New York) comes this definition of a paraprofessional:

A paraprofessional is an employee:

- Whose position is either instructional in nature or who delivers other direct services to individuals and/or their parents.
- Who works under the supervision of a professional staff member who is responsible for the overall management of the program area including the design, implementation and evaluation of instructional programs and the individual's progress.

Paraprofessionals provide services in the following areas:

- Educational programs
- Physical therapy
- Occupational therapy
- Speech therapy
- Recreation programs
- Early intervention and preschool programs
- Social work/case management
- Parent training/child-find programs
- Vocational training programs and job coaching
- Community programs
- Transition

Paraprofessionals are typically different from professionals in the amount of education, certification required for the job, degree of responsibility, and extent of supervision required.

Because the support of paraprofessionals is so essential to the success of individuals with disabilities, this series is dedicated to improving and enhancing skills for paraprofessionals.

About the Series

Whether you have years of experience working with persons who have disabilities or are just beginning, there are probably many questions you have about the role of a paraprofessional. Some concerns and questions will be very specific to your work setting, while others will be more general. This series, *Strategies for Paraprofessionals Who Support Individuals with Disabilities,* will cover both.

This curriculum is primarily for paraprofessionals who are (or will be) working in educational settings (i.e., special and general education). It will, however, also be useful for those in direct service settings, such as vocational programs and residential settings.

The *Strategies for Paraprofessionals Who Support Individuals with Disabilities* curriculum has four general, or core, training modules and three specialized modules. The core modules, designed for all paraprofessionals, are:

- Module 1: The Paraprofessional: An Introduction
- Module 2: Providing Cross-Cultural Support Services to Individuals with Disabilities and Their Families
- Module 3: Promoting Self Advocacy and Facilitating Friendships and Socialization Skills for Individuals with Disabilities
- Module 4: Positive Behavior Strategies for Paraprofessionals

The three specialized modules that address competencies needed in specific types of service settings are:

- Module 5: Early Childhood: The Role of the Paraprofessional
- Module 6: Working with Individuals Who Are Medically Fragile or Have Physical Disabilities
- Module 7: Transition: The Role of the Paraprofessional

Each module is designed to stand alone, so you may select any one that best meets your needs. However, it's recommended that everyone begin with Module 1 because it provides a basic framework for work as a paraprofessional and for the material covered in all the other modules.

The training you are about to begin will not only address the current reality for paraprofessionals working with individuals with disabilities, but more importantly, the challenges for the future in your career as a paraprofessional. Paraprofessionals aren't expected to have a total understanding of all the concepts in these modules, but the paraprofessional who has a working knowledge of these core concepts will be most effective.

Guiding Principles

Each module emphasizes six basic guiding principles for paraprofessionals working with individuals with disabilities. Those principals include:

- The individual with a disability is the ultimate locus of control and is the most important member in the decision making process.

- The family is the other primary locus of control. Family involvement is essential in any decision making process.
- The team concept is essential in setting up a plan with an individual. This team includes the individual, the family, and all those working with the individual, including the paraprofessional. The paraprofessional is an essential link between what is and what can be for the individual. The best follow-through on any plan comes from teamwork.
- The community should be the basis for all training, as much as possible. This means that, whether offering real-life examples in the classroom or working in real life situations in the community, the focus must be on the most natural setting and support possible. This is essential so the individual can make connections between what is being learned on a daily basis and the real world. This will help the individual generalize the experience to similar situations in his or her life.
- Inclusion is the goal. This means that individuals with disabilities should be included in the mainstream of society – work, school, and recreation. Devotion to such a model will create the most positive results for the individuals and society as a whole. Inclusion suggests that we can and will all benefit by learning to work and live side by side with each other.
- The most effective paraprofessional will be the individual who has a good self-esteem and is able to be assertive. The assertive paraprofessional is able to ask for support and guidance from staff.

About You: The Adult Learner

We know that the adult learner learns differently than younger learners. This training reflects that understanding. In *Strategies for Paraprofessionals Who Support Individuals with Disabilities* we respect these principles about you, the adult learner:

- You are capable and eager to learn new information.
- You have voluntarily given your consent to become a part of this training, and are spending valuable time and money in order to participate.
- You have a rich range of experiences. Therefore you learn best when new information is built upon your past knowledge and experiences. That's why we will do exercises to help you synthesize the old and new information together.
- You come to a new learning situation as a self-reliant learner who has a good idea of how you want and expect to learn.
- Your willingness to learn is based on a combination of outside forces (family, kids, job, etc.) and inside forces (your anxiety, excitement, fears, etc.). All these factors are going to affect your feelings about learning.

- You come into new learning with your own agenda. You know what you want to get out of the training.
- You have set aside time and reorganized priorities to make this learning part of your already-busy life.
- You expect and genuinely appreciate a facilitator or instructor who is well-informed and well-prepared.
- You need to get actively involved in the learning exercises to get the most out of this curriculum.
- You want to apply what you learn to your own situations. That's when it has real meaning for you.
- You need a safe, comfortable environment in which to learn.
- You want to establish networks with others who are also interested in paraprofessional skills.

Because of these facts about you, trainers will:

- Review and ask questions about what you know.
- Respect and view you as a resource.
- Create a comfortable environment.
- Expect you to take responsibility for your own learning.
- Plan opportunities to practice new skills during class.
- Give examples of how to apply information.
- Use a variety of types of instruction.
- Provide ways to evaluate training.
- Use alternate methods to help you understand.
- Give information in a logical sequence.
- Give time for you to share your experiences.
- Give you the chance to get know other paraprofessionals.

After the Training

You will leave this training with more information about paraprofessionals than you had when you started. It's important to remember that no matter how much knowledge you have about your job, the individuals you work with are your greatest trainers. Each one is unique and has his or her own interests and needs. The greatest responsibility you have is to listen to those interests and needs, remember what you have learned, ask what is needed, and use that information in your working relationship and responsibilities.

Therefore, use this training as a basis and build your skills from this point, drawing upon each setting and individual. Whether client, student, teacher, supervisor, principal, director, or superintendent, you will learn from each. With each setting and situation your confidence, ability, and skills will continue to grow. Remember, this training is only as good as the degree to which you use what you learn; seek assistance so you can "do what you know."

1

Chapter One

An Introduction to Early Intervention & Early Education

1 Introduction

2 Section 1 Fundamentals of Early Intervention and Early Education Programs

6 Section 2 Legal Foundations of Early Intervention and Early Childhood Education

9 Section 3 Roles and Responsibilities

13 Summary

13 Questions to Ponder

Introduction

The terms *early intervention* and *early childhood special education* refer to services for young children who have disabilities or who are "at risk" for disabilities. Early intervention refers to education for infants and toddlers (birth through two years), while early childhood special education is for preschool children aged three to five. In terms of special education, this is a relatively new and rapidly growing field. Early intervention differs from working with school-aged students or adults with disabilities in numerous ways. The emphasis is on the family and the unique characteristics of young children. Children in particular must be viewed in relation to the family because of their dependence on adults to provide their primary care needs. Young children who are eligible for special education may have a broad range of disabilities and needs which all require individualized instruction and care.

In order to meet the needs of families and children with special needs, paraprofessionals who are employed in early intervention services need training in the fundamentals of early intervention, child development, assessment, instruction, and observation. Obtaining specific skills to work with families and children from diverse backgrounds is crucial for competent service providers. This module is designed to help prepare paraprofessionals for a variety of roles in the field of early intervention.

There are several critical elements of service delivery in conjunction with educational programs for individuals with disabilities: two of these are federal funding and policy. The Individuals with Disabilities Education Act (IDEA) is the comprehensive law which outlines federal policy concerning the education of and early intervention for infants, toddlers, children, and youth with disabilities. IDEA is made up of the Education for All Handicapped Children Act (otherwise known as PL 94-142), the 1986 amendments to the act which support early intervention services (PL 99-457), and PL 101-476, which supports the inclusion of transition services.

Paraprofessionals play a major role in helping children and families reach their goals. They do this by being familiar with the basic principles of early intervention and by being aware of their own roles and responsibilities in both their classrooms and as home-visitors.

Upon completing this chapter, you should be able to:

- Demonstrate an understanding of the basics of early intervention and early education.
- Recognize the legal history and characteristics associated with early intervention and early education.
- Clarify the roles and responsibilities of a paraprofessional working in an early childhood program.

Section 1

Fundamentals of Early Intervention and Early Education Programs

Why Early Intervention is Necessary

There are four fundamental assumptions on which early intervention services are based:

- Children who have disabilities or are at risk for disabilities need and have a right to specialized services to maximize their development and the likelihood of success.
- Families of children with disabilities often experience special needs and stress.
- The provision of earlier services can mean the achievement of optimal outcomes for children and families.
- Because of the unique characteristics, needs, and resources of each child and family, no curriculum or set of services could be expected to meet the needs of all. An individualized approach to service planning and delivery, therefore, is essential.

Adapted with permission from D. Bailey and M. Wolery (1992). *Teaching Infants and Preschoolers with Disabilities*. New York: Macmillian Publishing Company.

Goals for Early Intervention

Goals in early intervention are individualized to meet the special needs of children and families. However, the assumptions listed below are important for service providers to keep in mind as they work with families and children. These assumptions are the background for the goals of early intervention and for the use of ecological and family systems perspectives for service delivery:

- To support families in achieving their own goals.
- To promote child engagement, independence, and mastery.
- To promote development in key developmental domains.
- To build and support children's social competence.
- To promote the generalized use of skills.
- To provide and prepare for normalized life experiences.
- To prevent the emergence of future problems or disabilities.

Adapted with permission from D. Bailey and M. Wolery (1992). *Teaching Infants and Preschoolers with Disabilities*. New York: Macmillian Publishing Co.

Systems Theory

The goals for early intervention listed above recognize it's impossible to separate children from the context of the family, the community, and the society as a whole. Children are an integrated part of everyday life. This integration can be seen by utilizing the systems *theory.* The systems theory applied to the family helps us to understand several things. First, we can see how the various individuals function within a family. Second, we can observe how the family interacts with individuals and outside agencies. It's crucial that we understand the systems of each family so we can provide the most beneficial services. The following are the basic principles of the systems theory:

The Family is a Mobile

A mobile is a collection of objects that are in constant motion within a framework. A family is the most versatile, ever-changing mobile that ever existed – it's a living mobile, made up of human personalities. When one part of the "mobile" changes, the movement is seen throughout the entire family. Because people are always growing and changing, the family mobile must change to adapt to the needs of individual family members. The ability of the family to make the necessary adaptations is very important for overall family health.

Families Develop Patterns of Interaction

Families develop and maintain dozens of patterns, including mealtime activities, holiday rituals, ways to manage feelings, and ways of dealing with people or agencies outside of the family system. This pattern is often described as the family "dance". Individuals in the family learn the steps involved, and move together in harmony. Many times, the birth of child, with or without disabilities, changes the steps in the family dance. Families may need help to adjust to changes and to begin "dancing" together again.

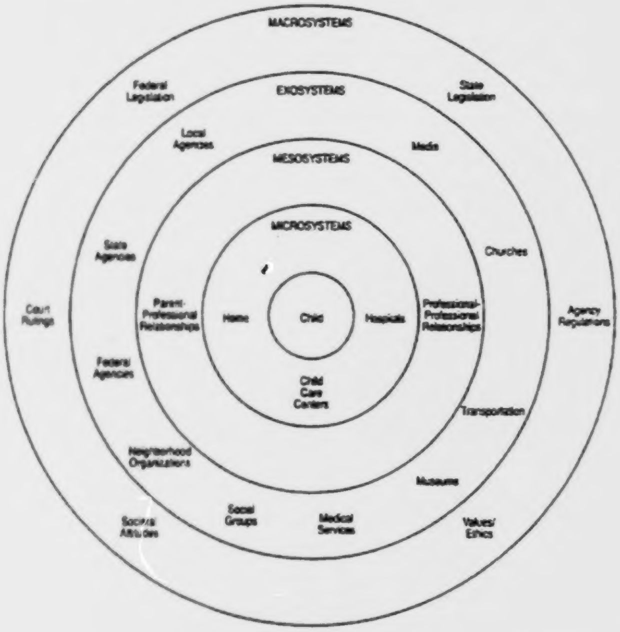
Beliefs Influence Others' Behavior

Families often have a set of beliefs that are passed on to children. These beliefs may relate to how the family views the world they live in. For instance, the world may be perceived as dangerous or safe, predictable or unpredictable. People outside the family, such as early interventionists, may be trusted or mistrusted. These belief systems often cut across generations and may affect child-rearing practices and child behavior. For instance, some families may value independence in their children, while others may want all the family members to stick close together. These belief systems will have a powerful effect on the family's relationships with early care providers.

Families are Part of a Larger Ecology

To truly understand children, we have to take a look at their ecology. Ecology means the "interactions between individuals and their environment". The ecology of a child includes the influences of culture and society, places, materials, and people inside and outside of the family. There are different levels of influences on the child. These are called the microsystem, the mesosystem, the exosystem, and the macrosystem.

The diagram below represents the amount of influence each of these levels can have on the child. The closer the circle to the child, the more influence on the child's development.


MACROSYSTEMS
Federal Legislation
State Legislation
EXOSYSTEMS
Local Agencies
Media
MESOSYSTEMS
MICROSYSTEMS
State Agencies
Churches
Court Rulings
Parent-Professional Relationships
Home
Child
Hospitals
Professional-Professional Relationships
Agency Regulations
Federal Agencies
Child Care Centers
Transportation
Neighborhood Organizations
Museums
Societal Attitudes
Social Groups
Medical Services
Values/Ethics

A *microsystem* is a setting in which the infant or preschooler spends a significant portion of time. Examples are the home or family, child-care center, family daycare home, or hospital.

Mesosystem refers to the interrelationships among the microsystems of which the child is a part at a particular point in his or her life. The mesosystem is made up of relationships between the child's parents (or primary caregivers) and physicians, teachers, or therapists. It also includes relationships between professionals who work with the family.

The *exosystem* is composed of the concrete social structures that influence the activities of the microsystem. This may include local, state, and federal agencies, neighborhood and community organizations, transportation systems, media, churches, and public health and school systems.

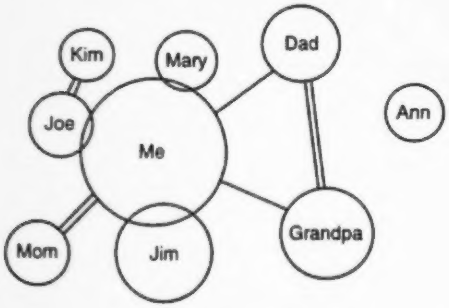
The *macrosystem* is the cultural, legislative, and judicial context in which the micro-, macro-, and exosystems operate. It includes legislation, prevailing social attitudes, and ethical or moral principles and issues.

It's clear from these descriptions of the family and the ecological system that early childhood care providers influence the life of a child on many levels. Paraprofessionals become an additional system with the family and may have an impact on the child through providing direct care, communicating with parents and other care providers, becoming involved in their own or the child's community, by advocating for children, being familiar with special education legislation, and approaching their work with an understanding of the family's ecological system.

This section contains information from D. Bailey and M. Wolery (1992) and W. Doherty and V. Peskay (1992). Family Systems and the School. In S. Christenson and J. Close Connoley. *Home-School Collaboration*. Washington DC: National Association of School Psychologists.

Activity: Creating a Family Mobile

Create a family mobile in the space provided below. Use circles to represent the people in your family. Put the circles in any order to show the relationships between people in the family. People who are important to you should also be included. Lines between the circles represent the relationships. You may use double lines to show strong relationships, wavy or dotted lines to show weaker or more distant bonds.Here's an example of a family mobile:



Use the space below to make your own mobile.

Section 2

Legal Foundations of Early Intervention and Early Childhood Education

Education for All Handicapped Children Act: PL 94-142

This legislation was created in 1975 and guaranteed school-aged children with disabilities the following:

- The right to a free, appropriate public education regardless of the type and severity of their disabilities.
- The right to an individualized and appropriate education through Individualized Education Plans (IEPs).
- The right to assessment for classification and placement that is free of bias and conducted only with parental notification and consent.
- The right to placement in the least restrictive environment. Children with disabilities must be placed, to the maximum extent possible, in regular education settings with their peers without disabilities.
- Parents have a right to procedural due process. They may question and challenge actions by the school concerning their child with disabilities. Parents are to be involved in planning and developing their children's educational programs.

PL 99-457 and Part H Amendments

People working with infants, toddlers, preschoolers, and their families are most affected by this piece of legislation because it extended the rights in PL 94-142 to children aged three to five. In addition, Part H is the legislation that set forth the criteria for the provision of early intervention services for infants and toddlers.

The services outlined in this legislation were created with several purposes in mind. The goals of early intervention are to enhance the development of infants and toddlers with disabilities and to minimize the potential for developmental delays. By providing intervention when children are young, the need for special education services for school-aged students may be reduced, which in turn may cut the educational costs to society. Finally, early intervention is believed to maximize the potential for individuals to live independently in society and enhance the capacity of families to meet the needs of their children with disabilities.

Along with all of the rights provided through PL 94-142, Part H gives incentives to states to provide services to infants and toddlers (birth through two years of age) who have disabilities. Those services are:

- **Family-focused:** The needs of the family, not just the child, are considered. Family functioning is critical to the successful development of the child. Therefore family needs are assessed and addressed in the Individualized Family Service Plan (IFSP).
- **Multi-disciplinary:** This means that two or more disciplines or professions are involved in evaluation and assessment activities and development of the IFSP. Personnel involved may come from health, education, and community services.
- **Coordinated:** Families are provided the services of a service coordinator who is responsible for coordinating all services across agency lines and serving as the main point of contact in helping parents to obtain the services and assistance they need. Parents may also choose to act as their own service coordinators.

To help states achieve these family-focused, coordinated service delivery systems, the law calls for the development of state Interagency Coordinating Councils. These councils are made up of parents of infants, toddlers, or preschoolers with disabilities, public and private early intervention service providers, representatives from the state legislatures, individuals involved in personnel preparation, and members from agencies involved in early intervention services. These councils advise and assist the lead agency to make decisions regarding early intervention services. In Minnesota, the Department of Education is the lead agency.

Array of Services

Service providers and paraprofessionals who are involved in the early stages of intervention are likely to work in a variety of settings. This is primarily due to the family-centered, multi-disciplinary care needed by the individuals involved. Common work settings for paraprofessionals in early childhood programs are center-based programs, home-based programs, or a combination of both.

Center-Based Programs

Preschool children with disabilities most often receive services in center-based programs. Center-based programs may be segregated, meaning only children with disabilities are in the classroom, or the may be integrated, where children with and without disabilities are taught in the same classroom. In these programs, children typically spend three to six hours a day engaged in a variety of play, instructional, and therapeutic activities. The services are usually very child-focused. Some center-based programs offer a range of family services and supports. Parents are encouraged to become involved in their child's program by observing and participating in activities and attending parent training sessions which will help them to teach their child skills at home. Center-based programs help prepare children with disabilities to enter kindergarten in regular education classrooms by providing them with opportunities to learn class routines and interact with other children.

Home-Based Programs

Under this model, services are provided in the child's home. Staff may visit the home anywhere from once a month to two or three times a week. Most home-based programs serve children under the age of thirty-six months. Because of the relatively small amount of direct contact with children, home-based programs usually focus on working with parents. Professionals concentrate on providing parents with information about how to teach or play with their children. Some programs view the professional's role as one of providing family support. Home-based programs help children remain in their natural settings, and they may be more responsive to family needs. However, as children get older, they may benefit from some participation in center-based programs.

Other Settings

Many paraprofessionals work in settings other than homes or early childhood special education classrooms. Paraprofessionals often accompany children with disabilities into community-based programs or classrooms such as Head Start, where they're integrated with their peers without disabilities. Paraprofessionals may also work in Early Childhood Family Education (ECFE) programs. These programs provide a variety of services to families of children between birth and kindergarten with a focus on parent and family education. Children don't need to have developmental delays to be involved in this program.

Some paraprofessionals may be employed in hospital settings, where children who are chronically ill are provided many of their early intervention settings. Paraprofessionals may also be involved with social work and case management, parent training and child find programs, as well as physical, speech, or occupational therapy programs.

Section 3

Roles and Responsibilities

Paraprofessionals working in education and related services for children and youth with special needs will demonstrate:

- An understanding of the value of serving children and youth with disabilities in integrated settings.
- An understanding of differentiated staffing patterns and the distinctions among the roles and responsibilities of professional and paraprofessional personnel.
- An ability to communicate with colleagues, follow instructions, and use problem solving and other skills that will enable them to work as effective members of the instructional team.
- A knowledge of the legal and human rights of children and youth with special needs and their families.
- An ability to practice ethical and professional standards of conduct established by the agency where they're employed.
- A sensitivity to diversity in cultural heritages, life styles, and value systems among the children, youth, and families they serve.
- A knowledge of patterns of human development and milestones typically achieved at different ages and risk factors that may prohibit or impede typical development.
- An ability to motivate and assist children and youth with disabilities to build self-esteem; develop interpersonal skills that will help them avoid isolation in different learning and living environments; and strengthen skills to become more independent by monitoring and controlling their behavior.
- An ability to follow health, safety, and emergency procedures developed by the agency where they're employed.
- An ability to use assistive technology and adaptive equipment and provide any required special care or physical assistance (e.g., positioning, transferring, and feeding).
- A knowledge of use or need for appropriate interventions.

Paraprofessionals and teachers often work in the same environment, yet their responsibilities are quite different.

Roles of Teachers

- Assessing the developmental levels of children.
- Consulting with professional colleagues and participating in the preparation of individual family service plans and individual education plans.
- Developing instructional objectives for individual children.

- Implementing the instructional program along with paraprofessionals and other professional personnel.
- Evaluating the effectiveness of the program.
- Involving parents in all aspects of their child's education.
- Coordinating and supervising the work of paraprofessionals and other support staff.

Roles of Paraprofessionals in Home-Based Programs

- Collecting and charting data about a child's developmental level during home visits.
- Participating as a member of the IFSP team responsible for developing service plans and education objectives for parents and their children.
- Listening and communicating with parents in order to gather information the service delivery team can build on to meet the needs of the child and family.
- Having a knowledge of health care providers, social services, education agencies, and other support systems available in the community to assist parents and their child; and an ability to support parents and provide them with the skills and information they require to gain access to these services.
- Enhancing parent interactions with their child by using or demonstrating effective techniques and materials to stimulate cognitive, physical, social, and language development.

Roles of Paraprofessionals in Center-Based Programs

- Using developmentally appropriate instructional interventions for curriculum activities in the areas of cognitive, motor, self-help, social/play and language development for infants and young children up to age five.
- Having the ability to gather information about the performance of individual children and their behaviors; and share it with professional colleagues.
- Organizing learning centers and preparing and using developmentally appropriate materials.
- Communicating and working effectively with parents and other primary caregivers under the direction of the teacher.
- Understanding behavior and instructional interventions.
- Maintaining healthy environments.
- Attending IFSP/IEP meetings at the request of the teacher or administrative personnel.

These roles and responsibilities provide the outline for this training module. The rest of the module will focus on the information that paraprofessionals will need in order to fulfill their responsibilities within a variety of settings.

Activity: Roles & Responsibilities

These are descriptions of situations an instructional team might encounter in its day-to-day work listed below. Check *A* if you think the activity is an appropriate duty for a paraprofessional. Check *I* if you think it's inappropriate, or *U* if you're unsure. Briefly describe why you responded the way you did and be prepared to discuss your reasons with other participants.

1 It's the fourth week of the new year and tomorrow the teacher will be attending a IEP meeting that begins at 8:00 A.M. (The meeting was scheduled for this time because it was more convenient for the child's parents.) The children in the class are scheduled to arrive at 9:00 and the IEP meeting will probably not end before 10:00. The principal has asked the two paraprofessionals who work with the teacher to be responsible for the class while the teacher is out of the room.

A ☐ I ☐ U ☐

Reason:

2 Juanita is four years old and is starting preschool. She has a physical disability and requires assistance to eat, button her coat, and perform other self-help skills. Her IEP calls for a paraprofessional to be assigned to assist her with her special needs. The teacher asks the paraprofessional to read stories to small groups of children, to help prepare learning centers, and to take part in activities involving all the children.

A ☐ I ☐ U ☐

Reason:

3 Jon disrupts group activities almost every day, and from time to time he tries to interrupt the individual projects or play of the other children. The teacher asks the paraprofessional to spend most of the day supervising him.

A ☐ I ☐ U ☐

Reason:

4 There are four paraprofessionals assigned to work alongside the teacher and provide direct services to children. Because the paraprofessionals live in the community and are familiar with the cultural heritage and language spoken in the homes of the children, the teacher asks them to make home visits with him.

A ☐ I ☐ U ☐

Reason:

5 Two of the children enrolled in the program require medication and other specialized health care. A third child must be moved from her wheelchair and be positioned using adaptive equipment. The paraprofessional has been asked to attend a workshop to learn how to monitor and/or assume responsibility for administering the medication and using the other health care procedures, and learn how to carry, transfer, and position the child.

A ☐ I ☐ U ☐

Reason:

Summary

Early intervention and *early childhood education* are terms referring to individuals with disabilities from birth to five years of age. Early intervention focuses on the family and the individual's natural environment. Early childhood education focuses on the educational needs of these individuals in particular. Young children with disabilities will have their own individual needs. Gaining the skills necessary to recognize these needs is crucial.

Federal legislation is the strongest influence in the area of special education services. The funding and policy of these services is defined under the Individuals with Disabilities Education Act (IDEA). IDEA supports the services involved in any early intervention or early education program.

Paraprofessionals have a variety of roles and responsibilities in early intervention and early education programs. It's extremely important for paraprofessionals to fully understand their roles and responsibilities in all work settings.

Questions to Ponder

- How can systems theory be applied to other settings in your life?
- Are you and your superiors clear on the roles and responsibilities of paraprofessionals in your work setting? If not, how can you clarify them?

2

Chapter Two

Child Development in the Early Years

15 **Introduction**
16 **Section 1 Basic Principles of Child Development**
18 **Section 2 Developmental Domains**
30 **Summary**
30 **Questions to Ponder**

Introduction

It's critical for people working with infants, toddlers, and preschoolers to have a working knowledge of the foundations of typical childhood development. One of the first key concepts of development is that all people are capable of growth and that they'll develop in a predictable sequence. This is called the "developmental assumption". Familiarity with this sequence will help us to:

- Understand the degree of delay that children experience and formulate expectations about their behavior.
- Make decisions about goals for children.
- Conduct and interpret results from assessment.
- Appreciate the progress that children make.
- Communicate with parents about their child's abilities and behaviors.
- Become advocates for children and families.
- Become better observers.
- Become better teachers.

Developmental domains are all interrelated. For instance, a person's cognitive development will most likely have an effect on his or her ability to communicate with others. Physical development may affect other domains when an individual has some sort of sensory or physical impairment. For instance, an individual who is blind may have a more difficult time learning the names and properties of objects. Someone who can't hear spoken language may have delayed communication skills. Children who have limited physical mobility may have difficulty developing the independence which is associated with social and emotional development.

Another important feature of developmental domains is that the skills become more "differentiated" as children get older. For the infant, development is mostly expressed through physical growth and maturity. For example, reaching for a toy may be viewed as a motor skill, as a cognitive skill (the infant is aware of and remembers objects) and as a social-emotional skill (the infant interacts with his or her environment for the sake of enjoyment – he or she plays). As children get older, they express development across domains through a variety of complex behaviors. Motor development occurs when children skip; problem-solving indicates cognitive development; speaking in sentences is a function of language development; and engaging in pretend-play with friends indicates social-emotional development.

Finally, the description of developmental domains in this training module is very limited. It's impossible to talk about all that is known about development for this course. Entire textbooks are written for each of these domains. Also, what is taught here only represents one view of development. People are continuously studying children's development and developing theories about why and how children develop. In order to learn more about development, you may refer to Appendix B which gives a more detailed look at young children's development across domains. You may also want to ask the teachers with whom you work to talk about development and provide you with more resources.

Upon completing this chapter, you should be able to:

- Demonstrate a broad base of knowledge on principles of child development.
- Recognize the characteristics of the developmental domains: motor, cognitive, social-emotional, and communication.

Section 1

Basic Principles of Child Development

Principles of Child Development

Development is a Continuous Phenomenon

This refers to the belief that development continues throughout the life span. While physical growth seems to stop (at least in height), human beings continue to develop socially, emotionally, intellectually, etc., throughout life.

Cumulative and Directional Aspects of Change

Every stage or behavior within a stage builds on what has gone before, and it forms the foundation for what is yet to come. Development is thought to be cumulative: all developmental change contributes to an essentially forward direction.

Qualitative vs. Quantitative Change

Human growth falls into two categories: qualitative and quantitative. *Quantitative* change refers to physical growth – height and weight. On the other hand, *qualitative* change means that the person is different than they were at an earlier stage. Skills may build, one on the other, but at the end of certain phases the organism has changed in some meaningful way. An example of qualitative change is the butterfly. The caterpillar passes through dramatically different stages en route to becoming a butterfly. It's the same with humans: as we grow from infants to adults, the way that we think and perceive and reason about the world is reorganized into a more complex and different form.

Complexity, Differentiation, and Coordination

As the child gets older and more mature, his or her behavior, emotions, motives, abilities, and language become more, not less, sophisticated. This complexity is the result of "differentiation" and "coordination" of behaviors.

Differentiation refers to the fact that behaviors move from the general to the more specific. As children become older, different parts of the body or the brain become differentiated and perform more specific functions. For example, infants move their whole arm in a random manner to reach for an object before they can control their hands and use their fingers to pick up a toy. Coordination means that children learn to combine various skills, behaviors, or movements and have them work together as a unit. For example, children initially differentiate single words as they acquire a speaking and listening vocabulary. Eventually, they can combine those words into correct sentences, and use the sentences to express more complex thoughts and ideas.

Development Occurs in Stages

Development is seen as occurring in a stair-like manner; it's an orderly process with patterns that can be predicted. The sequential nature of development places certain restrictions on how change can occur:

- The various stages or steps can't be skipped. Infants can't go from sitting up to walking – they must crawl on their hands and knees in between.
- The essential order can't be disturbed – that is, the infant doesn't go from sitting to walking and then back to crawling.
- The order of stages, as well as their content, is universal – they're found in children everywhere, regardless of their social or cultural background. However, not everyone progresses equally through the stages.

Change Results from Interaction Between Biology and Environment

Development is affected by both maturation and environment. Maturation refers to changes that are "built in" to people and that unfold naturally with the passage of time. The environment, or the opportunities for the child to learn from experiences, interacts with the forces of maturation to create developmental change.

Children are Active Learners

Children play a large role in their own development by actively seeking out opportunities to explore their surroundings. Children are genetically "programmed" to initiate interactions with the environment through play and through forming relationships with other people who can help them access the environment.

Developmental Domains

Development takes place across domains – that is, there are "areas" in which children develop. The domains most often used are cognitive, communicative, social-emotional, and physical. These domains are interrelated but are usually discussed separately for organizational purposes.

Individual Differences

Development is the result of such factors as each person's unique characteristics (such as intelligence, attitudes, personality), family characteristics (such as parental discipline, family size), and events that take place in one's life. Development can proceed at different rates within an individual person. For example, a person may have typical physical development but delayed cognitive development.

Adapted with permission from Bentzen, W.F. (1985). *Seeing Young Children: A Guide to Observing and Recording Behavior.* New York: Delmar Publishing.

Section 2

Developmental Domains

Normal development is never "normal". A unique set of environmental and biological factors contributes to each person's development. However, general areas of behaviors or skills have been identified by individuals who work with and study children. These areas are often described in terms of "domains". The domains that will be described in this module are *Motor, Cognitive, Social-Emotional,* and *Communication.*

Motor Development

> Through exploring and manipulating the environment, the helpless and dependent baby grows into a self-sufficient and competent child. From being carried by another, through taking the first faltering steps, the child moves toward coordinated mastery of physical movement. From random thrashing movements, through increasingly purposeful use of hands, to skillful, precise, and coordinated use of tools and technology, the child becomes a contributing member of the human family. Physical development enhances cognitive growth as real actions bring understanding to abstract concepts.
>
> *Minnesota Department of Education (1991, p. 24)*

Motor, or physical, development refers to the growth of the young child's body. During the first year of life, the child's physical development proceeds rather rapidly. Physical development is often a "benchmark" of the child's overall development. That is why physicians are often the first to identify children who may be at risk for developmental delays. For example, if an infant reaches the age of twelve months and still hasn't been sitting up, parents and professionals may want to begin looking at other areas of the child's development.

Physical development is often referred to as "maturation" and it's very closely tied to genetics. We often look at children who have tall parents and expect that they'll also grow to be tall. Physical development also unfolds at very specific times. For instance, we would expect most people to reach puberty sometime during the teenage years.

These are some general principles of motor development during the first few years of life that are important to learn:

Head-to-Toe

Motor development starts from the head and progresses down to the feet. This is called "head-to-toe" development. Infants begin their motor development by first moving their heads and facial features. They next develop the ability to control and bring their arms together in front of their body. The trunk is next, as babies begin to roll their bodies and bring their feet up towards their face. Finally, the baby gains control of the hip as he or she learns to sit, then the hip and knee work together for crawling. Overall head-to-toe control appears when the baby takes his or her first steps. This motor development usually takes place during the first year. However, it usually takes three years for the child to develop complete control of his or her body in standing postures.

Proximal to Distal

Proximal means close to the body; *distal* means away from the body. The shoulder is proximal; the hand is distal. Babies must develop proximal stability before doing intricate hand and foot movements. Trunk control is needed for balance, to serve as the base of support – before working on fine hand skills, the baby must be able to sit well.

Gross, Fine, Finest

During the first year, babies rapidly develop gross, or large muscle, control of large motions. The baby changes from a newborn without head control to a child learning to walk. This process develops as a result of the head-to-toe principle.

From ages one to two, the child's focus changes to fine skills – those that involve manual dexterity and problem-solving. For instance, the child begins to sit for long periods of time working with blocks, puzzles, and clothing, learns to eat without help, and loves to explore new objects with his or her hands and fingers.

From ages two to three, skills are refined even more. The mouth and tongue move in specific ways to create speech and the hands become capable of using eating or writing utensils. These finer skills are built on a solid foundation of gross motor skills. As children become older, they demonstrate a wide variety of both fine and gross motor skills. A typical four-year-old will run, dance, hop, clap, string beads, pick up small objects, and begin to show control over his or her body by sitting for a long period of time and listening to a story, and by imitating the complex behaviors of adults.

Perceptual-Motor Development

Two aspects of a child's growth combine to produce perceptual-motor development. Perception is any process by which children become aware of what is happening around them. Children gain information through their senses – what they see, hear, smell, taste, and touch. As children grow older, they begin to organize perceptions and make sense of them. The perceptions then tell the body how to move in response. Perceptual-motor development is the process by which children learn to move different parts of their bodies as they get involved with objects and people they perceive.

Perceptual-motor development is really a combination of a child's motor skills and cognitive skills. Children "learn" that ovens are hot when you touch them (they got this information through their senses – their memory of ovens being hot reminds them not to reach out their hands and touch the oven). The first few years of life are very important in developing perceptual-motor skills. As we'll see in the section on cognitive development, educators refer to this as the "sensori-motor period" of cognitive development.

Cognitive Development

> The mind of the child is searching for meaning. This drive, or yearning to know, is the basis for intellectual development.
>
> As the child attaches meaning to perceived events and experiences, each new event is incorporated into the child's expanding image bank, providing for new approaches to tasks. The child moves from a reliance on concrete objects and first-hand experiences to an increasing ability to think more abstractly. Through observing, listening, and making inferences related to life experiences, the child becomes capable of complex thinking.
>
> Curiosity motivates the child to solve problems, at first by trial and error and later through using strategies, resources, and techniques to test out hypothetical possibilities and find solutions. The child learns to acquire, organize, and use information in increasingly complex ways.
>
> *Minnesota Department of Education (1991, p. 25)*

Cognitive development refers to a person's ability to think about and perceive his or her environment. Because cognitive development is concerned with what's happening in someone's brain, it's difficult to know exactly how a person's cognitive ability develops. Most of the information we have about cognitive development comes from observing infants, toddlers, and preschool children as they interact with the environment.

In general, cognitive development is thought to involve the processes of attention, perception, memory, problem solving, and logical thinking. As the child grows, he or she uses these processes to become a more complex person who can interact with the environment in a variety of ways.

Attention refers to a child's ability to look at and play or work with an object for an extended period of time. If a child isn't able to sustain attention for long enough, he or she won't be able to learn as much about the properties of the object or the task.

Perception refers to the senses that were discussed in the section on motor development. Perceptions become increasingly more organized in the brain of the child. For instance, the older child may be able to close his eyes and be able to identify an object as an orange by tasting it, smelling it, feeling it, and finally seeing it. This is because children integrate, or put together, information they have gathered through their senses. This information affects the way children move their bodies, or react (either socially, emotionally, or cognitively) to people or objects in the environment.

Memory is necessary for all learning to take place. Memory enables people to link past and present experiences in order to understand their environment. For example, very young children use memory to differentiate their parents from strangers. The child who stays away from something dangerous is using his or her memory of a negative experience, such as a parent yelling "no", to protect him- or herself. Memory is also functioning when people use language to name objects or describe events that have happened in the past.

Attention, perception, and memory combine to aid the child in becoming an active problem solver and logical thinker. Problem solving begins in early infancy. When babies perceive they're hungry, they solve the problem by remembering that when they cry, someone will come and give them food. Children learn the cause-and-effect nature of the world when they push a button and a toy makes a sound. If the sound is pleasant to the child, he or she will remember to push the button when presented with the same toy.

Each of these processes become increasingly complex as the child develops into a preschooler who sings songs, tells stories, puts items in order from smallest to largest, names colors and numbers, and tries to convince his or her parents that bedtime is too early. Learning is believed to continue throughout the life span of individuals. This makes sense because the longer we live the more learning experiences we can have. Human beings are active learners: we seek out experiences and are constantly trying to understand the objects and people with whom we come in contact. For children, play is the primary way for learning to occur.

Stages of Cognitive Development

In the early 1900s, Jean Piaget developed a theory of cognitive development by watching the way his children interacted with objects throughout their childhood. This theory is very popular in child development and education because it's been the foundation of much of the research on child development.

There are four stages described in Piaget's theory: *sensori-motor, pre-operational, concrete operational,* and *formal operational.* Although children move through these stages at different rates, all children begin at the sensori-motor stage and go through the stages in order. It isn't possible to skip over a stage. An important point to know is that not all people will pass through all the stages. Some people may have disabilities which prevent them from progressing all the way through.

Sensori-motor Stage

During the first two years of life, the child learns to control his or her body in space. The infant uses physical senses and motor capacities to interact with and learn about the environment. Children at this stage learn that certain actions have a reliable effect on the environment. The final achievement of this stage is *object permanence,* which means that children realize that objects or people continue to exist even when they can't be seen or heard.

Pre-operational Stage

During this period, thought is dominated by what is seen. The child isn't able to attend to more than one thing at a time where space, time, volume, shape, and weight are concerned. For instance, if a child is shown two identical balls of clay, and then one is smashed down like a pancake, the pre-operational child will insist that the flattened ball is bigger and has more clay. This is despite the fact that the child saw that the two balls were exactly the same size before. Language development during this period is very rapid. In the beginning, children may use the word *dog* to describe any animal which walks on four legs; they gradually learn appropriate labels for animals. Children also show a greater interest in playing with other children, and they begin to give reasons for their beliefs and actions. However, the pre-operational child will often show faulty reasoning because they're not yet skilled at integrating a lot of information. Children are typically in this stage until about age seven.

Concrete Operational Stage

From the ages of seven to eleven, children become capable of mentally seeing an object or event; they can understand that a piece of clay contains the same amount of material whether it's a in circle or a rectangle. They're also able to think about what happens to objects without having to experiment with the object. For example, they recognize that water in a tall, thin glass can be the same amount of water in a short, fat glass. During this stage of development the child can reason, but only when using concrete objects.

Formal Operational Stage

By the time children reach the age of twelve, their cognitive development is characterized by thinking and reasoning. They can think about abstract concepts like love, peace, and right and wrong. They can hypothesize about events and consider more than one variable at a time. Mental development is usually complete by the end of this period, around fifteen years of age.

Language Development

> All of the young child's learning grows out of communication with self, others, and the environment, as meaning is attached to experiences, events, and interactions.
>
> Communication is a process of giving and receiving nonverbal and verbal messages to reflect self, share with another, test out ideas and feeling, and construct shared meanings. Communication grows from the first non-language interaction through listening and speaking with others, to using language in more formal ways through writing, reading, and interpreting skills.
>
> *Minnesota Department of Education (1991, p. 27)*

Language is a system of symbols people use to communicate with each other. It's one way to receive and to give information. Two systems work together to produce language:

- Receptive language, the input system by which information is taken in through the senses.
- Expressive language, the output system which involves speaking, gesturing, or writing.

Receptive Language

Receptive language is what we see and hear and the information that we take in. A normal sequence of receptive language development begins at birth. The newborn infant responds to sounds. By four months of age, most infants will turn their head to the source of a sound; by six months they may respond to their name and recognize words like *daddy* and *mommy*. By the end of the first year, infants will recognize the names of some common objects, and will respond to simple questions and directions, such as "Where's the ball?" and "Give me the bottle."

During the next year, receptive language develops rather quickly. The toddler understands new words each week, identifies pictures and body parts, and understands possession ("Where's Mama's shoe?"), and prepositions (in, out, on, off, up, down). By the end of the second year, many children understand pronouns (I, me, mine). By the third year, most children are able to follow simple stories and two-step directions.

Receptive language development continues throughout childhood as children learn new vocabulary words, follow complex sentences spoken by others, and then begin to read. A child's receptive language development is usually further advanced than his or her expressive language.

Expressive Language

Most children learn to talk in predictable stages. This is even true for many children whose language is delayed. During the first few months of life, babies are already preparing to speak. During the first two months, different kinds of cries are produced. Over the next few months, babies begin to use their voices in ways other than crying. They learn to vary their tone of voice to express different feelings, and new sounds start to emerge. By six months, babbling or "vocal play" emerges.

Over the next six months, babies begin two put two syllables together while babbling, some of the sounds begin to sound like real words. By the end of the first year, babies may have one to three spoken words, they may "sing along" to music, and may "talk" to family members without using real words. The words the child does know may be generalized and used to describe many different things. For instance, "ball" may be used to describe any toy. Babies also have a set of gestures they use to communicate, such as nodding the head, or waving "bye-bye".

During the second year, most children will learn about fifty new words. They're learning to understand simple turn-taking rules and are beginning to "converse" with adults.

Young toddlers usually repeat overheard words and will try to communicate using words. They might say things like "Mommy... cookie" or "All gone... milk". During the second year children use simple two-word phrases in order to talk about objects, locations, and actions. Toddlers will use language to request toys, answer questions, and – of course – to say "no". By the end of the second year, children will put together three-word phrases and will go through books and label pictures. More turn-taking is obvious during conversations.

Three-year-olds are rapidly learning to use grammatical skills when they're speaking. They learn to use verb tenses and can use many different kinds of words in conversation. Nouns, adjectives, plurals, and prepositions are used in speaking. Children become more conversational, and can discuss a single topic over several listener-speaker turns.

The development of writing begins when children use crayons to make a scribble mark on paper. Eventually, they begin to apply meaning to the scribble, as in "writing" their name on a piece of paper. When children enter kindergarten, they begin to write their names and other letters of the alphabet.

Vocabulary development continues throughout childhood. Communication skills, such as making facial expressions and gesturing, and waiting and listening to other speakers, are combined with language production skills as children become more expressive speakers.

Social-Emotional Development

> The child moves from no realization of a difference between self and others, through a primary concern for self, to a level of concern for others. The scope of social interactions moves from early bonding with a significant adult, through experiencing self as a part of family, to friendships and participation in the larger world. In relationships with others, the child grows in abilities to cooperate, to serve as a resource, to negotiate, to lead and follow, to be a friend.
>
> *Minnesota Department of Education (1991, p. 23)*

Social-emotional development refers to the child's development of social relationships, social skills, and sense of self as a social and emotional human being. Although social and emotional development are usually included under one domain, they are different. The child's emotional development concerns the feelings that he or she has about him- or herself and other people. Social development refers to children's ability to form relationships with other people.

Emotional Development

Throughout the stages of infancy, toddlerhood, and early childhood, children are thought to have a series of emotional "tasks" they must accomplish on their way to being a competent person with a healthy self-esteem. For infants, the task can be described as "building trust". During this time, the baby needs to learn that the world is a safe place and that caregivers can be trusted. A sense of security develops in the young child when caregivers continually respond to the baby's signals that he or she needs to sleep, be fed, or have a clean diaper. As caregivers love children by comforting and holding them, infants begin to develop a sense of self-worth. The emotionally healthy baby is one who can accept comfort.

The emotional task of toddlers is to develop "autonomy" – being able to do things alone. Security is still important, but now that the child can walk, and sometimes talk, his or her horizons are expanding. The child likes to explore, but is most comfortable doing this when he or she knows that a caregiver is close by. The toddler begins to learns that words can have a powerful effect on people, and will sometimes use them just to see what will happen. The toddler is famous for saying "no" to everything. At the same time, the child can become "clingy" and not want to leave the caregiver. This is all a normal part of development.

The task of the preschool child is to develop initiative and curiosity. The child will imitate much of what is seen and heard and will try new behaviors to see how they feel and how people react. Children are more willing to be a part of groups, but will still want to be independent. They'll explore their environment by playing actively and asking questions. The emotionally healthy preschooler likes to be with his or her parents, but has just as much fun playing with other children or adults. Preschool children exercise more self-control as they learn to share and take turns.

Social Development

Humans are social beings beginning from birth. This is necessary because as infants we're helpless and not able to provide for ourselves: we must establish relationships with others to get our needs met. Infants accomplish this partly by being small and cute, and partly by beginning to develop a set of "social skills" – behaviors that help us to develop positive relationships with other people.

For the infant, social skills include making eye contact, smiling, and relaxing the body when held. Older infants become very interested in people. However, they develop preferences for familiar people and may not want to be held by strangers. They become affectionate and give hugs and kisses to the favorite people in their lives. From very early on, infants can engage in social games such as peek-a-boo, and pat-a-cake. A child's first "playmate" is usually his or her parent.

Toddlers begin to take an interest in being around other children, but they still aren't very good at sharing toys or waiting for turns. Toddlers can become bossy or possessive – everything is "mine". Toddlers are, however, increasingly aware of other people's feelings. Instead of crying when another child cries, toddlers may reach out to touch, rub, or cuddle the upset child.

As children enter the preschool years, they develop relationships with adults and children that are similar to the relationships they'll have throughout childhood. They'll identify children as "friends" and will usually prefer to play with others rather than play alone. They'll like to carry on conversations with other children or adults and recognize the value of language in forming relationships. They may approach unfamiliar people and ask social questions such as "What's your name?" or "Whose daddy are you?" They begin to play games and will usually follow rules. They're better at sharing and turn-taking. Though young children occasionally have outbursts when they don't want to share, they're typically quite skilled at developing relationships by the time they reach kindergarten age.

Play and Social Development

Many of children's social relationships take place in the context of play. Educators often refer to Parten's six classifications of play, listed below, to describe children's play or social behavior.

Parten's Play Classifications

1. **Unoccupied Behavior:** Here the child isn't engaging in any obvious play activity or social interaction, but watches anything of interest at the moment. When nothing's interesting, the child will play with his or her own body, move around from place to place, follow the teacher, or stay in one spot and look around the room.
2. **Onlooker Behavior:** Here the child spends most of his or her time watching other children play. The child may talk to the playing children, ask questions, or give suggestions, but doesn't participate in the play. The child remains within speaking distance so that what goes on can be seen and heard: this indicates a definite interest in a group of children, unlike the unoccupied child, who shows no interest in any particular group of children, but only shifting interest in what happens to be exciting at the moment.
3. **Solitary Play:** This is play activity that is conducted independently of what others do. The child plays with toys that differ from those used by other children in the area within speaking distance and makes no effort to get closer to them or to speak to them. The child is focused entirely on his or her own activity and isn't influenced by other children or their activities.
4. **Parallel Play:** Here the child is playing close to other children but is still independent of them. The child uses toys like the toys being used by others, but uses them as he or she wishes and is neither influenced by nor tries to influence the others. The child plays beside other children rather than with other children.
5. **Associative Play:** Here the child plays with other children. Play material and equipment are shared; the children may follow each other around; there may be attempts to control who may or may not play in a group, although such control efforts aren't strongly asserted. The children engage in similar but not necessarily identical activity, and there's no organization of activity or individuals. Each child does what he or she essentially wants to do without putting the group's interests first.
6. **Cooperative or Organized Play:** The key word in this category is *organized*. The child plays in a group that is established for a

> particular purpose: making some material product, gaining some competitive goal, playing formal games. There's a sense of "we-ness" whereby one definitely belongs or doesn't belong to the group. There's also some leadership present – one or two members who direct the activity of the others. This therefore requires some division of labor, a taking of different roles by the group members, and the support on child's efforts by those of the others.

Most children will show each of the types of play throughout their childhood. However, the first three types of play are more common for very young or delayed children. As children get older, their play typically becomes more sophisticated and more social.

Adapted with permission from Parten, M.B. (1933) Social participation among preschool children. Journal of Ab*normal and Social Psychology, 27,* 243–269.

Observation Activity

Observe two children in their natural environment for about a half hour. You may choose two children who are the same age, or you may choose to observe children who are at different developmental stages (for example, an infant and a preschooler). In the spaces below, describe some of the behaviors that you observe for each child across each of the developmental domains. In the third section, describe the differences and similarities in development for the two children. Pay particular attention to the range of behaviors you see across children who are typically developing. When observing children, note the types of play activities they choose. Describe the motor tasks they perform with ease. Write down examples of language that they use, and describe their interactions with other people. For cognitive development, describe the complexity of activities children choose and measure how long children stay with an activity. Discuss your results in small groups.

Child A

Name ______________________________
Date ______________________________
Setting ______________________________
Time of Observation ______________________________

- Motor Development

- Cognitive Development

- Social Emotional Development

Child B

Name ______________________
Date ______________________
Setting ______________________
Time of Observation ______________________

- Motor Development

- Cognitive Development

- Social Emotional Development

Comparisons

- Motor Development

- Cognitive Development

- Social Emotional Development

Summary

The foundations of typical childhood development involve a variety of stages which almost always occur in a predictable sequence. This predictable sequence occurs throughout a variety of areas. These domains, or areas, are motor, cognitive, social-emotional and communication. The interrelationship of these developmental areas is a crucial part of the developmental stages of a child.

Questions to Ponder

- How do principles of child development affect a child's actions?
- What are common developmental domains you see in your work settings?

Chapter Three

3

Individualized Planning for Children with Disabilities

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Introduction

The children who enter into early intervention will have a broad range of abilities and disabilities. Thus far, we have stressed that each child and each family is unique. They'll require special care which is developed just for them. This is what is referred to as "individualized programming" and it's required under federal education laws. Although each family and child is different, they have one thing in common: they'll have an Individualized Education Plan (IEP). Infants and toddlers and their families will have an Individualized Family Service Plan (IFSP). IEPs and IFSPs are written plans which are developed when parents and professionals work together to assess the child's strengths and needs, develop goals and objectives for the child, plan educational services, and decide how to implement the plan. Most importantly, IEPs and IFSPs are created by teams. Individuals who know and work with the child must be able to agree that the plan is appropriate for the child and the family. No one person could possibly develop an individualized plan for the child.

The first section of the IFSP or IEP contains a summary of the child's current developmental status, and for the IFSP, a description of family needs. Paraprofessionals are usually not involved in collecting information about a child's development as they first enter into early intervention services. This is usually the responsibility of specialists such as social workers, psychologists, physical or occupational therapists, speech and language therapists, medical professionals, and early childhood special education teachers. However, it's important to be able to look at and interpret the results of the assessments so you'll have a better understanding of the child's strengths and needs and a greater sensitivity towards family issues and concerns.

Federal law requires that infants, toddlers and their families, and preschoolers receive a multi-disciplinary, multi-method assessment of their unique needs. This means that no one person can make decisions about a child's developmental level and need for early intervention services. A team of people is responsible for conducting the assessment. Having several professionals involved in assessment helps guarantee that multiple methods will be used to collect the information. A combination of standardized test scores, observations, checklists, and interviews may be used to gain information about the child and the family. The use of only one method would be inappropriate.

After the assessment activities are completed, and child and family needs are identified, the team begins to identify goals and objectives for the child and family. When the individual, family, and education team develop the IEP for a person with disabilities, there are key questions to ask that will help the team develop goals and objectives that will facilitate the person's integration and participation in community settings.

Upon completing this chapter, you should be able to:

- Demonstrate a basic understanding of the components of the IEP and the IFSP.
- Understand the connection between assessment and intervention in early childhood education.
- Gather the correct information needed to identify goals and to provide individualized instruction.

Section 1

Individualized Education Plans

Many school districts design their own IEPs and IFSPs, so the form of the plan may look different. However, there are several components which must be included. The sections below list the components of the IFSP and the IEP. As you read through them, you should notice the differences and similarities between the two kinds of plans.

Examples of an IEP and an IFSP are included in Appendices C and D. Look through these plans and notice the different types of information needed in each.

Required Components of the Individualized Family Service Plan (IFSP)

- A statement of the infant's or toddlers present levels of physical, cognitive, communication, social and emotional development, and adaptive skills based on objective criteria.
- A statement of the family's resources, priorities, and concerns relation to enhancing the development of the infant or toddler with a disability.
- A statement of the major outcomes expected for the infant/toddler and the family, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes are being made and whether modifications or revisions are necessary.
- A statement of the specific early intervention services needed to meet the needs of the infant or toddler and the family, including the frequency, intensity, and the method of delivering services.
- The projected dates for initiation of services and anticipated duration.

- The name of the service coordinator from the profession most immediately relevant to the child's or family's needs who will be responsible for implementation of the plan and coordination with other agencies and people.
- The steps to be taken supporting the transition to services provided for ages three to twenty-one to the extent that such services are considered appropriate.
- A statement of the extent to which services will be provided in natural environments.

Required Components of the Individualized Education Plan (IEP)

- A statement of the child's present levels of performance, including academic achievement, social adaptations, pre-vocational and vocational skills, and psychomotor and self-help skills.
- A statement of the annual goals describing the education performance to be achieved by the end of the school year under the child's individualized education program.
- A statement of short-term instructional objectives, which must be measurable intermediate steps between the present level of educational performance and the annual goals.
- A statement of the specific educational services needed by the child (determined without regard to availability of services) including related services needed and special instructional materials which are needed.
- The date when those services will begin and length of time the services will be given.
- A description of the extent to which the child will participate in regular education programs.
- A justification of the type of educational placement the child will have.
- A list of the individuals who are responsible for implementation of the IEP.
- Objective criteria, evaluation procedures, and schedules of determining, on at least an annual basis, whether the short-term instructional objectives are being met.

Adapted with permission from *ERIC Clearinghouse on Handicapped and Gifted Children* (1992). Legal Foundations, No. 2. The Council for Exceptional Children.

Differences Between the IEP and IFSP

While the IEP and IFSP have several components in common, there are a few items which are new and unique to the IFSP. In particular, families play a greater role in developing and carrying out the IFSP because of the family-centered approach to intervention for very young children. Services should meet the family's needs, not just the child's, and are to be provided in a flexible, coordinated manner. The IFSP also specifies that the professional and family plan for the child's transition to services for older children. At age three, the child is taken off of an IFSP and placed on IEP if he or she still needs services. Planning for transition is important because the IEP doesn't take a family-centered approach. Professionals work as a team with the family to make sure families acquire the skills needed to continue their involvement in their child's education beyond the IFSP.

The Role of the Paraprofessional

The degree of paraprofessionals' involvement in writing the IEP and IFSP will often depend on the needs and preferences of the family. Paraprofessionals do have a large role in implementing the plans' components because they regularly apply their skills in the classroom or the community by working directly with children. The following chart contains some examples of how you can help implement the components of IEPs and IFSPs.

IEP and IFSP Components	**Paraprofessional Role**
Assessment: Current levels of performance	Share observations with teacher
Placement: Least restrictive environment	Work with child or family in integrated classrooms, out in the community
Annual goals: Instructional objectives	Share observations with the teacher about progress or lack of progress
Implementation: Actual instruction	Assist teacher by enhancing instruction or providing practice in a variety of ways
Evaluation of goals: Help monitor children's progress	Communicate with teacher

Section 2

Assessment of the Child and Family

The IEP and the IFSP serve as the framework for training paraprofessionals to work with young children with disabilities and their families. The remainder of this module will focus on:

- Initial assessment of strengths and weaknesses.
- Identification of appropriate goals and objectives.
- Instructional techniques.
- Monitoring of progress on goals.

The Purposes of Assessment

Assessments are typically done for the following reasons:

- **Screening:** to see if further assessment is needed.
- **Eligibility:** to see if the child is eligible for services.
- **Programming:** to develop a program plan for the child.
- **Progress:** to see the if the child has changed or has made progress in any area of development.

Standardized Tests

Standardized tests are tests which are always given in the same way, using the same instructions and the same material. They're scored using the same method every time. This method is based on the scoring of tests administered to a broad range of people, and for which an average score or "norm" has been established. Scores on these "normed" tests tell us how the child compares with other children his or her age who performed the same task. In order for these tests to be useful and fair, the group of people the child is being compared to must reflect the cultural and ethnic background of the child.

There are several standardized tests which are used to assess infants, toddlers, and preschool children. You may see these scores placed on an IFSP or IEP, so it's helpful to become familiar with the test so that you can understand what the score might mean in terms of the child's development.

The Denver Developmental Screening Test

This test is a screening instrument designed to determine whether a child is at risk for developmental delays and whether he or she should be evaluated further. It's used to screen or detect problems in children between birth and age six. The Denver looks at four areas of development: personal/social, fine motor/adaptive, language, and gross motor. This is only a screening test, which means that it's given to large numbers of children and children who may be at risk for delays get through the screen. The score on the Denver doesn't give in-depth information about the child, but only tells us to look at a particular child in more detail.

The Wechsler Preschool and Primary Scale of Intelligence – Revised

This test is often called the WPPSI (pronounced *whip-see*), and as its name suggests, it's a measure of intelligence for preschool children. This test breaks down intelligence into two components: verbal and performance. There are a variety of tasks that children are asked to perform; some require the child to answer questions given verbally while others are similar to puzzles, mazes, and block building. Children's scores are represented as intelligence quotients. These scores are often used to predict a child's later development. However, the actual number score just tells us how the child compares to other children his or her age who took the same test.

The Bayley Scale of Infant Development (BSID)

This assessment is one of the most widely used measures of infant development. It's designed to assess the development of infants and toddlers between two and thirty months of age. It provides an indication of an infant's current developmental status but isn't intended to predict later development. There are three components in the BSID: the Mental Scale, the Motor Scale, and the Infant Behavior Record.

The Battelle Developmental Inventory (BDI)

The BDI is a test that measures young children's development across five different areas:

- **Personal-social:** measures abilities of the child to engage in meaningful social interaction such as expressing feelings or interacting with adults or other children.
- **Adaptive:** measures the child's ability to become independent in taking care of feeding, dressing, and toileting needs.
- **Motor:** measures the child's ability to control the large and small muscles of the body.
- **Communication:** measures the child's ability to understand and to produce verbal and nonverbal communication.
- **Cognition:** measures the child's thinking, reasoning, and memory skills. The test combines a parent interview along with direct testing of the child using a variety of toys. The BDI covers children from birth up to eight years of age.

The Sequential Inventory of Communication Development – Revised

The SICD-R is used to assess receptive language (comprehension) and expressive language (production of language) for children between four months and four years of age. The receptive items evaluate a child's awareness and comprehension of items such as environmental sounds, object names, plurals, colors, and directions. The expressive portion involves items that examine imitation, initiation, and responding behaviors. For older children, a sample of the child's speech is also collected and analyzed. The score is obtained through direct testing of children and through parental report of the child's language skills at home.

Some Limitations of Standardized Tests

Regardless of which instrument is used to assess the child, it's important to remember that tests often don't accurately predict the long-range outlook for a child. Each test is only a "snapshot" of an infant's development at a particular point in time. Several different measures done over a period of time and across situations are often needed to get a more complete picture of how the child is functioning. The test results alone should not be considered the "final word" in predicting a child's later functioning.

It's difficult to give a long test to young children because they have shorter attention spans and need more breaks for eating or resting. Therefore, many tests are designed to be given quickly. Because of the limited amount of time, there's a limit to the number of items on a test. Certain areas of development which are strengths or relative weaknesses for the child may not be picked up in these tests. Also, children's development often occurs is spurts; skills which aren't present at one point may rapidly develop soon after testing. To get a whole picture of the child, other methods must be used, such as parent interviews, checklists, or observational measures. Direct observation of the child and "functional assessment" are the most frequently used in early childhood. Functional assessment refers to assessment of the abilities that the child has or will need in order to function in his or her environment. See the section "Monitoring Children's Progress" in Chapter 4 (page 61) for a detailed description of observational methods.

Family-Focused Assessment

When assessment of young children is conducted, a family focus must be maintained. This means that the family should be involved in all aspects of assessment. Observations and testing should take place when it's convenient for the family and where the family feels most comfortable, whether it be in the home, school, church or synagogue, doctor's office, or anywhere else the child spends time. Many times parents may feel nervous about the upcoming assessment and may not realize their opinions and feelings are important to the professionals conducting an assessment.

The following Family Questionnaire may be used to help early interventionists identify family preferences and feelings in a nonthreatening way. Practice interviewing families by giving these questions to someone you know who has a child. You may role play during class by interviewing someone in your class.

Family Questionnaire

This questionnaire is intended to help plan assessments and services that are responsive to your concerns and your priorities. It can be completed by each parent, grandparent, older sibling, caregiver, etc.

Child's name ______________________

Date ______________________

My name ______________________

Relationship to child ______________________

1 I describe my child in this way:

2 Our relationship or time together is:

3 My child enjoys and is interested in:

4 When playing with other children, my child:

5 A typical day with my child includes:

6 What puzzles me about my child is:

7 Recent progress or changes I have seen in my child:

8 My child communicates with me by:

9 The most challenging aspect or raising my child is:

10 I would like my child to learn or get better at:

11 I would like help with:

Planning a Collaborative Assessment: Family Preferences

This questionnaire is intended to help parents and staff plan how to assess the child in ways that are comfortable and meaningful for families.

1 After reviewing my Family Questionnaire, I especially want to explore my child's abilities or behavior in the following area(s) during the assessment:

2 I want others to see what my child does when:

3 These are favorite toys or activities that will help my child to focused, motivated, and comfortable during the assessment:

4 My child uses the following special equipment that might be used during the assessment:

5 I prefer the assessment take place:

☐ At home ☐ At another place ☐ At the center

6 A time when my child is alert for an hour and when working parents can be present is:

☐ A.M. ☐ P.M. ☐ Early evening

7 In addition to parents and the facilitator, I want these people to participate in the assessment:

Early intervention staff:

Family and friends:

Other agency staff:

8 During the assessment, I'd prefer to:

☐ Offer comfort and support.
☐ Sit beside my child.
☐ Carry out activities to explore my child's abilities.
☐ Assist in activities to explore my child's abilities.
☐ Exchange ideas with the facilitator.
☐ Have the facilitator carry out activities with my child.

9 If formal testing is included in this assessment, I have these questions:

The Family Questionnaire and Family Preferences checklists are adapted with permission from Trimbach, K., Abderholden, S. and Grykiewicz, K. (1990). *Early Intervention: Building Blocks for the Future.* Minneapolis: Arc Minnesota.

Section 3

Developing Goals and Objectives

The team should be sure that they can answer these questions before the members start planning:

- What are the ultimate goals for this child?
- Will the skills to be taught now help this child to achieve the goals of the child and his or her family?
- Are the skills practical/functional? If the child doesn't learn this skill, will someone else need to perform it or provide assistance?
- Will learning the skills enhance the life of the child?
- Although we may want to teach many skills, time is a factor. Which of those proposed are of highest priority?

Long-Term Goals

The next step is to identify and write the long-term, or annual, goals for the child. These are expectations for the child or family which are based on special education needs. Goals should be reasonably achievable within one calendar year. Such goals have the following four components:

- Direction of change (increase, decrease, or maintain)
- The behavior to be changed
- Present level of performance
- The expected annual ending level of performance

Some examples of long-term goals are:

Direction	*Behavior*
Susan will increase ...	language skills
From Present Level	*To Ending Level*
from saying single words ...	to saying three-word phrases.

Direction	*Behavior*
José will decrease ...	physically harming others
From Present Level	*To Ending Level*
from four times a day ...	to no times per day.

Short-Term Objectives

Once long-term goals have been established, it's time to write the instructional objectives. Each objective written should be a step towards attaining the goal. There are usually four components to an instructional objective:

- Conditions under which the behavior is performed.
- Performance of a specific, observable behavior.
- Criteria for attainment or level of performance.
- Evaluation procedure.

Objectives will sometimes include a "target date" for when the child should be able to perform the behavior.

The first part of an objective is the condition. This phrase states the circumstances under which the behavior will be performed. The condition lets the team know what help the student will need to perform the behavior and/or what materials will be needed. Examples of conditions are "during gym class", "given a puzzle to put together", or "when asked to put on shoes".

The behaviors that are specified in instructional objectives must be observable. That is, there should be no doubt when reading the objective of what the desired behavior should be. The team may often use words such as "will understand" which by itself isn't observable. The team should think instead about what the child would have to do in order to demonstrate he or she "understands".

Instructional objectives must also be measurable. The third component, the criteria, identifies what the student will have to do in order to say that the objective has been met. The criteria may refer to important characteristics of the behavior such as speed, accuracy, rate, quantity, or duration. This criteria is often found in the description of the behavior, such as "will put all the pieces of a puzzle together". In this example, the criteria to be met is 100% accuracy in working on a puzzle. The criteria also refers to how consistently and reliably the person performs the behavior. It asks how often you would expect a person to perform the behavior when they're given the opportunity. This criteria is often written as "eight out of ten times" or "80% of the time". When designing these criteria it's important to remember that most people don't accomplish skills with 100% accuracy. However, some skills may require 100% accuracy. For example, waiting for the "walk" sign before crossing the street 80% of the time isn't good enough.

Finally, the objective contains a description of how progress on the objective will be reported. The behavior may be recorded by the teacher, reported by family, measured on a standardized test, or a variety of other ways.

The following are some examples of short-term objectives that may be written for the long-term goals above. Examine them to identify the condition, behavior, and criteria (the characteristics of the behavior and the consistency of the behavior).

Condition	When asked questions by the teacher
Specific Behavior	Susan will respond using two-word phrases

Criteria	Eight out of ten questions asked
Evaluation Procedure	As charted by the teacher
Condition	During small group time
Specific Behavior	José won't hit other children
Criteria	For five out of five days in a week
Evaluation Procedure	As recorded by the teacher

It's extremely important to become familiar with the objectives of the children with whom you work. Knowledge of the objectives will help you to arrange opportunities for the child to perform the skill, provide instruction that is specifically related to the child's needs, and monitor the child's progress on a particular goal.

If you're currently working with children and families, ask the professional to see the objectives for the children. Work together to answer such questions as:

- How can I become familiar with the objectives for this child?
- At what times can I provide the child with the opportunity to practice the skills listed in the objective?
- How can I measure the child's progress on this objective?

Activity:
Recognizing Components of Instructional Objectives

Each of the following phrases could be a component of an instructional objective. In the blank in front of each, write the initials for the proper component: *B* = Behavior, *C* = Condition, *CR* = Criterion, or *E* = Evaluation Procedure. Remember, the criteria refers to quality, speed, accuracy, or duration of the behavior, as well as how often the behavior should be performed.

____ 1 While sitting at the table

____ 2 Will pick up a spoon

____ 3 Will use a pull toy

____ 4 As measured on a behavioral checklist

____ 5 Spontaneously

____ 6 On the bus

____ 7 Three consecutive days

____ 8 Correctly

____ 9 Will reach for

____ 10 Will connect two words

____ 11 During music time

____ 12 At home and at the center

____ 13 As reported by his mother

Activity: Writing Appropriate Instructional Objectives

Read each of these objectives, and identify the component that is either missing or inappropriate. Rewrite the objective so that it's written properly.

- When asked, Jerome will follow the same two-word direction, by April 8, 1996, as measured by his teacher.

- During play time, Kathy will manipulate one moveable toy five out of six times.

- During story time, Frank will understand the story four out of five times, as measured by the teacher.

- Darla will point to her friends Susan and Cindy every day.

Summary

Each child and each family is unique and requires special care designed specifically for them. Individualized Education Plans (IEPs) and Individual Family Service Plans (IFSPs) are written plans formulated to create a global plan. They assist parents and professionals in assessing the child's strengths and needs, develop goals and objectives for the child, plan educational services and implementation of the plan.

The summary of the child's current developmental status, and/or the description of the family's needs, is a crucial element of the IEP or the IFSP. This assessment helps everyone involved to understand the child's strengths and needs.

Identifying the goals and objectives for the child and family is the final step of the IEP and IFSP process. It's crucial that all team members are clear on the differences between the long-term goals and short-term objectives set for the child.

Questions to Ponder

- How can you become more involved in the IEP or IFSP process?
- What areas of assessment can you become more active in?
- Who would you ask for more information on a particular child's objectives?

4

Chapter Four

In the Classroom

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Introduction

The phrase "a child's work is play" is often heard in early childhood classrooms. The belief that children learn best by playing, exploring, and talking to other children and adults is the driving force behind the requirement that early intervention services be "developmentally appropriate".

Just as the principles of child development can be applied to children with disabilities, developmentally appropriate practice (DAP) is the framework for early childhood special education classrooms. However, these classrooms may place more emphasis on providing instruction during play sessions. For a variety of reasons, children with special needs often don't know how to play or use play equipment without teacher intervention or modification. To be able to use play effectively and efficiently for learning IEP related skills, these children often need to be taught how to play. Thus, while play skills aren't intended to be the final outcome for the children we teach, play skills are functional skills that help children acquire the goals we have for them along the developmental domains.

There are several different instructional techniques that may be used to help young children learn. Traditionally, children with disabilities may have received instruction that was teacher-directed. This instruction emphasized "drill and practice", which means that children were taught particular, specific skills by having several opportunities to learn and practice the skill. For example, if a teacher wanted to teach the concept of the color red, he or she may have the child sit down and say "red" several times in response to a question like "What color is this block?" The question would be repeated until the child could answer correctly most of the time.

This type of teaching is effective at helping children to learn these specific skills and may be used occasionally, but by itself it doesn't reflect developmentally appropriate practice. Children learn best when the skills that are taught are relevant to the child and have meaning in his or her life. Developmentally appropriate teaching involves allowing the child to explore and interact with children, adults, and materials in order to learn skills. Instruction that's "embedded" into the child's daily routines and play time is recognized as "best practice" in the field of early childhood education.

Observing and recording children's behavior is a primary role for paraprofessionals in both center-based care and home-based programs. The paraprofessional who has these skills will be invaluable to the teachers with whom he or she works because monitoring children's behavior and progress on objectives is an essential part of early childhood services.

Upon completing this chapter, you should be able to:

- Demonstrate developmentally appropriate practices as it related to early childhood special education.
- Utilize teaching techniques that may be used by paraprofessionals across a broad range of settings.
- Demonstrate a working understanding of observational data collection and record keeping.

Section 1

Developmentally Appropriate Practice

The concept of developmental appropriateness has two dimensions: age appropriateness and individual appropriateness.

Age Appropriateness

Human development research indicates that there are universal, predictable sequences of growth and change that occur during the first nine years of life. These predictable changes occur in all domains of development – physical, emotional, social, and cognitive. Knowledge of typical development of children within the age span served by the program provides a framework from which teachers prepare the learning environment and plan appropriate experiences.

Individual Appropriateness

Each child has an individual pattern of growth, personality, learning style, and family background. The adults' interactions with children and the curriculum should both be responsive to individual differences. Learning in young children is the result of interactions between the child's thoughts and experiences with materials, ideas, and people. These experiences should match the child's developing abilities while also challenging the child's interests and understanding.

Guidelines for Developmentally Appropriate Practice

Developmentally appropriate practice (DAP) occurs when child-initiated, child-directed, teacher-supported play is the essential component of the program. Children's play is the primary vehicle through which children develop in terms of cognitive, physical, emotional and social growth. Developmentally appropriate programs are distinguished by the curriculum in place, the nature of adult-child interactions, and the emphasis on home-school relationships. The National Association for the Education of Young Children (NAEYC) has established the following guidelines for these features.

The Curriculum

- A developmentally appropriate curriculum provides for all areas of a child's development: physical, emotional, social, cognitive, and language. Teachers recognize that all areas of children's development are integrated. Activities which stimulate growth and learning in one dimension affect other dimensions as well.
- The curriculum is continuously developed by the teachers as they observe children's special interests and developmental needs. For example, family or cultural backgrounds of children are used to broaden the curriculum for all children. Another example is when language games are introduced into a classroom where the teacher observes children who have need further development in their communication skills.
- The curriculum emphasizes learning as an interactive process. Children learn best when they're given opportunities to actively explore and interact with materials, other children, and adults. DAP recognizes that children learn by doing. There's no correct or right way of doing things. Children learn about their environment through creativity and by problem solving through a process of trial and error.
- Learning activities and materials should be concrete, real, and relevant to the lives of young children. Play areas and activities are based on experiences that are fun and interesting to children and that provide opportunities for children to practice skills that are important to daily functioning.
- Multicultural and nonsexist experiences, materials, and equipment should be provided for children of all ages. These experiences enhance the child's self-esteem and support the child's learning experiences by strengthening ties between the home and the early childhood program. Multicultural experiences help children to accept and appreciate the differences and similarities among people in the classroom and the community.

Relations Between the Home and the Program

- Parents share in decisions about their children's care and education. Teachers are responsible for establishing and maintaining contact. Communication between families and teachers helps build mutual understanding and guidance and provides greater consistency for children.
- Teachers share child development knowledge, insights, and resources as part of regular communication with family members.
- Important information about the child should be shared, with family participation, with other agencies or programs as children pass from one level or program to another.

Adult-Child Interaction

- Adults respond quickly and directly to children's needs, desires, and messages. Adults in the classroom should communicate regularly with children and respond to their needs at a level which is appropriate for the individual child. For instance, adults use a warm and soothing voice when interacting with a child who is upset. The language used is appropriate for the age of the child. In general, adults should provide positive responses and show genuine interest in what children have to say.
- Adults provide many opportunities for children to communicate. Large group instruction, where children are expected to sit and listen to an adult talk, isn't as effective in facilitating development of communication skills in young children. Instead, children learn by having several opportunities to talk to other children and adults. Listening in a group can enrich learning when there's something meaningful to hear, but children should be given the opportunity to talk about what they have heard.
- Adults facilitate the development of self-control in children by treating children with respect and using guidance and redirection as discipline techniques. Teachers remind children of the rules and their responsibilities in the classroom.
- Adults facilitate the development of self-esteem by respecting, accepting, and comforting children, regardless of the child's behavior. Adults must demonstrate patience and tolerance of children's behavior. Adult behaviors that are never acceptable are: screaming in anger; neglect; inflicting physical or emotional pain; criticism of a child's person or family by ridiculing, blaming, teasing, insulting, name calling, or threatening humiliating punishment. Adults shouldn't laugh at children's behavior, nor discuss it among themselves in the presence of children.
- Adults are responsible for all children under their supervision at all times and plan for increasing independence as children acquire skills.
- Adults use appropriate instructional techniques to help children learn. Adults let children learn from their own mistakes by providing guidance and encouraging children to try again or to find alternatives. Adults value the unique responses of children, but provide support, attention, and encouragement as needed. At times adults may need to use direct teaching techniques.

This description of DAP was adapted with permission from Bredekamp, S. (1987) *Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age Eight.* Washington, DC: National Association for the Education of Young Children.

An Activity

Read the following classroom scenarios and decide whether or not the scene described reflects developmentally appropriate practice. Discuss reasons why or why not as a large group. How might the situation be changed to reflect developmentally appropriate practices?

1 The school nurse has some screening tests that have to be done for several of the children. The classroom teacher tells the nurse that the best time to take children from the classroom is after the group time. After group time, the children are in free play so they won't miss any valuable instruction.

2 Spring is coming, so the teacher wants to start a classroom theme that deals with "things that grow". She sets up some areas in the classroom that have things that grow, such as plants and animals (e.g., a fish tank and a hamster). There are some new books in the reading area to go along with the new plants and animals. One day, the class goes for a walk. The teacher asks children to look on the ground and in the trees for new growth.

3 The "house corner" is Mrs. Wilson's favorite play area. She thinks that the children really like to play there and that they'll learn a lot from using the materials and role-playing with their friends. Although many of the children have a strong Hispanic heritage, Mrs. Wilson put many "American" foods and cooking utensils in the play area. She also included a play wok and chopsticks. Mrs. Wilson feels that since these children have experience with the foods cooked at home, they don't need it here. Also, putting food from different cultures in the play area helps to give them a multi-cultural experience.

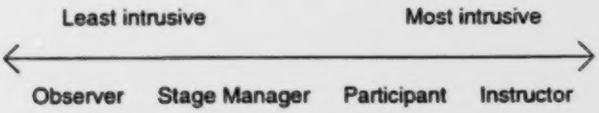
Section 2

Roles in the Classroom

There are several roles paraprofessionals can take to facilitate the development of play and other skills in children with disabilities:

- Stage Manager
- Observer
- Participant
- Instructor

These roles fall along a continuum from least intrusive to most intrusive:



The intrusiveness of a technique refers to the amount of control or direct involvement the teacher uses in order to change a student's behavior. The role of stage manager is less intrusive because it involves changing the environment: there's no direct contact with the child. The role of instructor is most intrusive because the teacher provides direct instruction to an individual student. This instruction may interrupt a child's natural activity. It's important to keep this continuum in mind and be aware of the level of intrusiveness of our teaching techniques. A general rule of thumb is to use the least intrusive technique necessary to have the desired effect on the child's behavior.

Observer

Paraprofessionals will probably take on the role of observer more frequently, but for shorter periods of time, than any other role. It will be your observations of a child's activities and interactions that will help you decide which role to assume next. In addition, you'll use the role of observer to figure out the success or limitations of your previous role. Perhaps you attempted to teach a child a skill using a particular technique. Observation will help you determine if the child is able to learn through the technique or if a more direct instructional approach is needed.

Observations, whether long, focused ones, quick glances, or notes on a checklist, give you invaluable information about the skills and progress of individual children, the success and limitations of different strategies for facilitating learning, and the dynamics of child-child interactions.

Stage Manager

Paraprofessionals act as stage managers when they arrange the physical environment, including materials, activities, and participants (adults and children) to promote a child's involvement in activities. Many times, a simple change in the environment can have a powerful effect on children's behavior. This is also true for adults. Our behavior often depends on where we are, what we're doing, and with whom we're doing it. There are several strategies paraprofessionals may use when structuring the environment for children's learning:

- Select appropriate materials. Materials which are preferred by students, functional and relevant to children's daily lives, and appropriate to wide range of skills should be made readily available in the classroom.
- Use materials to promote social play and cooperation. Materials that most often result in social play are dramatic play materials such as dress-up clothes, babies, house sets. Outdoor climbing equipment, tricycles, and wagons are also fun materials that children use together.
- Structure activities to promote social interaction. Adults can plan specific activities for children, or assist in the development of a play theme based on observations of children's play. In either case, the adult withdraws his or her involvement to allow children to direct their own play. Examples of structured activities are games, art projects, and asking children to do "chores" which require at least two children.
- Provide choices for children. Sometimes children have difficulty choosing an activity when there are many options available. Clearly define a limited number of choices for the child so that he or she may choose one in which to be involved.
- Encourage children to play near one another. If your goal is for a child to play with peers more often, you need to make peers available. Provide enough materials for children to play together and make sure this is adequate space for several children to play.

Participant

There are two levels of involvement that the paraprofessional can take while acting as a participant in children's play: parallel playing and co-playing.

When parallel playing, the adult plays next to the child or makes suggestions about the play. For example, the adult may play in the sandbox, putting sand in containers and talking about what he or she's doing. Parallel playing can be helpful in a number of situations. It's particularly helpful for a withdrawn child who becomes more withdrawn when an adult gives direct attention. This way of involving yourself can also help children play longer. The child may learn new ways to use the materials, and may learn from adults that play is valuable.

In co-playing, the adult joins play that is already started and lets the children control the play. The adult influences play by asking questions and responding to children's actions and comments. The adult doesn't direct the play, but offers contributions. Co-playing, like parallel playing, helps children play longer and gives children the sense that play is important. The teacher can expand the play in a non-directive way. Sometimes new children can be brought into the play.

This strategy works best when the children already have a fairly high level of play, but are stuck in one play theme. This strategy doesn't teach children new play skills and may not work well for children who prefer to play alone or don't pretend.

Instructor

The role of instructor is generally used to directly teach a specific skill/action or to impart needed knowledge. The key word in this description that differentiates this teaching from that done through participation is *directly,* by which we mean that the teacher is directing the focus and learning of the child as an outsider to the play. This direction can take two forms:

- Briefly interrupting play to provide direct one-to-one instruction on something relevant to the continuation of the play.
- Providing instruction as an outside observer of the play.

In the first form, instruction happens within the context of the play and the skill being taught is relevant to the play. However, the teacher may have to briefly interrupt the play in order to teach the skill. For example, when you notice that a child playing trucks doesn't know how to lift the back end of the dump truck to dump his or her load, you'll intrude into the play to provide that child with one-to-one instruction and demonstration. Once the child has obtained some skill and needs to simply practice to achieve mastery of this action, you can move back to being the observer or a participant in play. Obviously, this instruction may need to occur over and over again, but always within the context of the play so that the child can incorporate the skill into free-play.

In the second form, the teacher is still directing child's focus and learning, but isn't interrupting the play to do so. Instruction comes from directing the child's involvement in the play through questions ("You're baby is crying. What can you do?"), prompts ("What do you need to give the bus driver before getting on the bus?"), directions ("Pay for your groceries first, then put them in the bag") and suggestions ("Maybe Erica can baby-sit for your baby while you go to the store") made from the sidelines as an observer.

The role of instructor will be most prevalent at the beginning of an activity when you're introducing new or unfamiliar materials, vocabulary, or equipment. The challenge of choosing the instructor role is knowing when it's no longer needed. When it's your job to teach children, it's often difficult to think of yourself in roles other than instructor. This is where the other roles are so valuable. With these multiple roles, you can provide direct instruct briefly, back off, and observe the child to see if the amount of instruction appears to have been adequate to initiate new attempts, new skills, more practice, or mastery. If nothing has changed, more instruction is needed.

All in all, if the child is to benefit from participation in play-based activities it's best to err by backing off from direct instruction. You can always provide more direct instruction as needed.

Here are some guidelines for choosing which role to take in the classroom:

- The role of observer may be used at any time. It's helpful to remember to observe children as they begin a new activity so that you can determine a child's skill level in that activity. If the child is fairly independent in the play, you won't need to use more directive approaches. Observation also helps you to make decisions about which activities or techniques to try in the classroom.
- Arranging the environment, or being a stage manager, is appropriate at any time. In fact, environmental arrangements should be tried before other, more intrusive teaching strategies, are used. Talk with the classroom teacher about the classroom, the materials in the classroom, and the peers that are available for play. Teachers may have several ideas or preferences when it comes to setting up the classroom environment.
- Acting as a participant in children's play isn't only helpful for children, it can be fun for adults too. When participating in children's play, make sure that the children are directing the play, not you. Your involvement won't disrupt play if you allow children to remain in control.
- Direct instruction should be provided when:
    - Children don't engage in make-believe play on their own;
    - Children have difficulty playing with other children;
    - Children's play is repetitious or appears to break down;
    - The caregiver is introducing a new play theme.

Direct instruction should be used with caution because it can be disruptive. It should be phased out when play is going well.

Information from this section was adapted with permission from Cavallaro, C.C., Haney, M., & Cabello, B. (1993). Developmentally appropriate strategies for promoting full participation in early childhood settings. *Topics in Early Childhood Special Education, 13.* 293–307.; Heidemann, S. & Hewitt, D. (1992). *Pathways to Play: Developing Play Skills in Young Children.* St. Paul, MN: Redleaf Press.; and Wolery, M., Bailey, D.B., & Sugai, G.M. (1988). *Effective Teaching: Principles and Procedures of Applied Behavior Analysis with Exceptional Students.* Boston: Allyn and Bacon, Inc.

Observation Activity

Observe an early childhood classroom during a free play period. If you aren't currently working in a classroom, ask the instructor to help you arrange for an observation. The focus of this observation will be on the behaviors of the adults in the classroom. In the spaces provided below, record things that the teacher does that are particular to each of the four roles. In addition, write down things that teacher does that don't seem to fit into any of these roles. For instance, how much time does the teacher spend communicating with other adults, doing paperwork, cleaning, etc. After doing the observation, spend some time thinking about the amount of time the teacher spends on "Direct instruction" as compared to the other roles. Be prepared to discuss your observations with your classmates.

- Observer

- Stage Manager

- Participant

- Direct Instruction

- Other Activities

Section 3

Instructional Techniques

Naturalistic Techniques

Researchers have developed several teaching strategies that may be used throughout the child's day, without disrupting the natural activities of children. These strategies are often called "naturalistic" or "milieu" instructional techniques. Several of these naturalistic techniques were described by Diane Bricker and Juliann Woods Cripe in their book *An Activity-Based Approach to Early Intervention.* These strategies focus on interactions between children and adults that encourage children to explore their environment and use their problem-solving skills. Several of these strategies are summarized below.

Forgetfulness

Forgetting can occur when the adult fails to provide the necessary equipment or materials, or overlooks a familiar or important component of a routine or activity. Examples include not having food immediately available for snack time, paint brushes for painting, or books for story time. The goal of this technique is for children to recognize that something is missing, and begin to ask questions, search for materials, or engage in other appropriate problem-solving actions.

Visible But Unreachable

This strategy involves placing objects that children like where they're visible but unreachable. Placing objects within sight but out of reach can encourage the development of social, communication, and problem-solving behaviors. If the child wants an object, he or she will be required to communicate with adults or other children in order to get it. One way to use this technique is to put the object in sight, but at adult level. Wait for the child to ask for the item. If he or she appears to want the item but doesn't ask, model the correct way of asking. For instance, you might say "want ball". Encourage the child to repeat your words and provide the child with the object after he or she has imitated what was said. Give children opportunities to imitate the model if they don't follow through the first time. Always provide the child the object, even if they don't get it perfectly – you can always try again later.

Violation of Expectations

Leaving out or changing a familiar step or element in a well-practiced or routine activity is a strategy known as violation of expectations. Many violations may seem funny to children. For example, the caregiver may try to write with a pencil while using the eraser, or place a block on the child's plate for a snack. Children often recognize these changes and communicate their recognition by pointing, speaking, or helping the caregiver to get it right. This intervention can be very fun for both the child and adult and may help children to work with others to solve problems.

Piece by Piece

In this strategy, the caregiver holds on to pieces of materials so that the child must request the material piece by piece. For example, when working on a puzzle, pieces can be handed out as the child asks for them or when children are being pushed in a swing, the caregiver can wait for the child to request another push before continuing. However, this strategy should be used carefully: too many disruptions may interfere with the meaningfulness of the activity. Make sure that children are staying actively involved in doing the activity while requesting pieces. Don't allow them to become frustrated.

Assistance

This strategy involves putting out materials or setting up activities that require assistance from adults or peers. This strategy can be effective in the development of a range of skills in the self-help, fine motor, gross motor, and communication areas. For example, placing a snack in a clear container with a lid that the child can't remove independently may set the stage for the child to seek assistance. Once the request is made, the child can work with adults or peers to open the container. Another example is asking children to carry objects which are too big to carry by themselves. They'll then have to ask someone to help them and work together to pick up and move the object.

Delay

This strategy introduces a pause or small delay in an activity in order to prompt a response from the child. For example, the caregiver may stand near the child with a pitcher of juice and wait for the child to say "juice" before pouring it into a glass. This technique fits easily into many activities.

Questioning/Prompting/Modeling

Adults can encourage children to communicate and may influence the child's play by asking questions and providing verbal prompts. Open questions may be used to encourage descriptive responses. These questions typically start with who, what, why, when, or how. Examples might include "When will your dinner be ready?" or "What happens next?" These questions may be used to help children communicate or may prompt children to perform a certain behavior.

Verbal prompts also help children to continue their play. For instance, a prompt may be "Ask John for the butter" or "Hold your baby up to feed her". These prompts should be as inobtrusive as possible, and should be used only when children are stuck and not sure what to do next in their play.

Adults may also model appropriate behavior for children and encourage them to imitate the behaviors. Peers often make wonderful models for children. For example, encourage children to watch how a friend in the class uses materials or talks with others.

Adapted with permission from D. Bricker and J.J. Woods Cripe (1992). *An Activity-Based Approach to Early Intervention.* Baltimore: Paul H. Brookes.

Behavior Management

Behavior management is an important part of early childhood education. It occurs when teachers attempt to change a child's behavior by controlling the events that happen just before or just after the behavior usually occurs. The teachers in your classroom are usually experts at behavior management. They spend a lot of time analyzing behaviors and coming up with ways to change them. It's their responsibility as teachers to create "behavior plans" for children. As a paraprofessional, you may be responsible for implementing these plans. The teacher should give you specific instructions regarding the plan, as each plan is uniquely designed for a child. However, there are some basic principles of behavior management that are important to know:

- Children are more likely to repeat behaviors that are followed by things they like: praise, reinforcement, or fun strengthens a behavior.
- Children are less likely to repeat behaviors that are followed by things they don't like. Lack of pleasure or punishment weakens a behavior.

The techniques that are often used to change behavior are reinforcement and praise, ignoring, or proximal praise. Behavior management can be very complex because there are many factors which influence behaviors. To learn more about behavior management, refer to the articles in Appendix E. Also, talk to the lead teacher in the classroom about things you can do in the classroom to promote or discourage behaviors in the class.

Reinforcement

This involves providing a child with something that will encourage him or her to continue the behavior that occurred just prior to the receiving the reinforcer. Reinforcers may by anything from food, to objects, activities, and social praise. Praise is one of the best reinforcers, and it's preferred because it's meaningful to children, has a "social" value, and may help children to perform behaviors across a variety of settings because it's easily accessible. The following are some guidelines for effective praising:

- Be spontaneous, genuine, and warm.
- Be specific, rather than general. Tell children exactly which behavior you're praising. For instance, "I like how you sat at the table until I asked you to leave".
- Attach the student's name to praise. That way, they'll know that you're talking to them and will give you their attention.
- Use the "if–then" rule. If the student is doing something you want them to do again, praise them. "Catch" children being good!
- Make sure praise isn't disruptive. Don't interrupt what a child or the class is doing in order to praise a child. This type of praise may cause the child to feel embarrassed or singled out, and it will have the opposite effect than you wanted.
- Make sure that praise is varied. Don't use statements like "good job" over and over. Provide praise through different statements, gestures, or other nonverbal messages.

Ignoring

This is also called *extinction*. In this technique, the adult withholds any type of reinforcement. If the child is no longer receiving the reinforcement, the behavior should eventually fade out. Ignoring works when the behavior is being reinforced by the attention that it receives. For example, children often use swear words because they like the way teachers and children respond to it by getting excited or being shocked. If teachers ignore the behavior, and no longer provide the reinforcer, it won't be as much fun to swear.

Proximal Praise

Proximal praise involves praising other children who are engaging in appropriate behavior in order to get a child to also perform the desired behavior. For example, if a child is running around the class, the teacher can begin to give praise to the children who are sitting in their seats. If the teacher's praise is valuable to the child, he or she will sit down in order to earn it.

Information on behavior management is from Wolery, M., Bailey, D.B., & Sugai, G.M. (1988). ***Effective Teaching: Principles and Procedures of Applied Behavior Analysis with Exceptional Students.*** Boston: Allyn and Bacon, Inc.

Section 4

Monitoring Children's Progress

Observation is more than just looking at children. Instead, it's looking for something in a particular way. We can learn a great deal about how children learn and grow by observing and interpreting their behavior as they use materials in the classroom, play with other children, interact with their parents or teachers, and engage in daily activities.

Observation is especially important in early childhood because young children are most often not able to tell us what they're thinking or feeling or why they're doing something. In fact, much of what we know about children and human development comes from observation by individuals who interact with children on a consistent basis.

Collecting Data

Collecting data and measuring student behavior in a formal manner is an especially important aspect of effective teaching in early intervention for the following reasons:

Identifying Current Level of Performance

Observing behavior helps to pinpoint where the child currently is on instructional objectives. Teachers often measure children's behavior before they provide instruction. This is called baseline data. Baseline data helps the teacher decide how far the child is from where he or she should be. It also helps the teacher to develop objectives and instructional plans.

Determining Effectiveness of Instruction

Another critical aspect of monitoring children's behavior is to assess the effectiveness of the child's program. Keeping track of the child's behavior helps the teacher make decisions about when instructional changes are needed to help the child make progress on his or her individualized objectives.

Communicating about a Child's Progress

Monitoring children's progress on objectives facilitates communication in the classroom, with parents, and with students. When data is summarized – and displayed in an understandable fashion – professionals may communicate more easily with families and with other service providers. Children may also receive praise and encouragement when their progress is shared with them.

Demonstrating Accountability

According to the laws regulating special education, educators must show the degree to which children are making progress toward achieving the goals and whether modifications or revisions of the goals or services are necessary. Teachers use the data they have collected to document their efforts and to show that a number of strategies have been tried to meet the child's needs. Documentation provides a record of which strategies were and were not successful with the child.

Validity and Reliability

Observations of behaviors must be valid and reliable in order to be useful in the above ways. What is meant by valid? In order for a measure to be valid, you must be sure that you're actually measuring what you say you're measuring. Validity depends on your ability to make observations which are objective. That means that you must be able to count, see, or hear the behavior. Reliability refers to consistency of measurement. That is, your observations of particular behaviors should be collected in the same way over time. Your measurement should also have high inter-rater reliability. Inter-rater reliability is the degree to which two people agree that a behavior has occurred during an observation session.

The following are guidelines to ensure that the observations you make are valid and reliable:

- Be sure to define clearly, in operational terms, the behaviors to be recorded. An operational definition describes behaviors that are both observable and measurable. Two different individuals should be able to observe and agree what occurred.
- Clearly describe the procedures to be followed in observing and recording behavior, and then adhere to them.
- Practice prior to actual observations.
- Record data immediately; don't wait to record it later.
- Use equipment such as stopwatches, tape recorders, beepers, or videotapes to improve accuracy.

There are several techniques which may be used to observe and record children's behavior. The following are descriptions of six different techniques for data collection:

- Narrative description
- Time sampling
- Event sampling
- Anecdotal records
- Frequency counts or duration records
- Checklists

Each of these techniques is appropriate for certain data collection purposes. Some will allow for more detailed descriptions of behavior, while others record behavior quickly and with a minimum amount of description. Data collection can be thought of as fishing with a net. Sometimes you'll want to use a net with very small holes so you can "catch" many types of behaviors. Other times, when you only want to catch certain behaviors, you would use a net with large holes so that most of the extra information will pass through. You can talk with the classroom teacher about the purpose for each observation session, and work together to decide the best method for data collection.

Narrative Description

Narrative description is a formal method of observation that also goes by such names as "running behavior record" and "specimen record". In this technique, you continuously record, in as much detail as possible, what the child does and says, by him- or herself and in interaction with other people or objects. The observer records the context (setting or situation) and the behaviors and the sequence in which they occur. The chief goal of the descriptive narrative is to obtain a detailed, objective account of behavior without inferences, interpretations, or evaluations of the behavior.

There are a number of advantages to the descriptive narrative. It provides a rich, detailed account of a child's behavior and the circumstances in which it occurred. The record is permanent and can be used for a later comparison with more recent records. The method can be costly in time and effort, however, and isn't very efficient for quickly gathering representative samples of behavior. The technique also requires skill because of the many details that are the targets of narrative description.

The following is an example of a narrative description. Note that all the child's behaviors are recorded in an objective manner, without inferences made about the child's behavior.

Name: *B.* Date: *Monday, Apr. 8, 1996*
Observer: *Sandra* Time: *9:30 to 9:45 A.M.*
School: *XYZ Child Care Center*

The children are in the gymnasium. B. runs to the mat and lays down when teacher tells him to. On the mat, he rocks his legs up. The teacher stands over him with a large ball. B. reaches for the ball, the teacher says "no," he kicks his feet in the air, and touches the ball with his feet. The teacher pushes his feet down on to the mat and tries to roll the ball over his body. He kicks and pushes at the ball, saying, "no."

Teacher: "Do you like this?" B.: "No." Rolls off of mat, and lays on his back looking at other children.

B. gets up and runs to the stair climber. Teacher goes to get him, says "sit down" and points to the slide; B. backs up and goes down stairs. She points to the mats and he says no, he crawls to the corner and puts his face in the carpet. T. says come on and takes his hand; B. says "no" and lays on his stomach. T. picks him up and carries him to the center of floor.

Time Sampling

The time sampling method has two distinguishing features: it observes and records selected samples of a child's behavior, and does so only during predetermined intervals of time. Whenever a behavior occurs during the time period, it's recorded. Time sampling aims at representative samples of behavior.

It may be helpful if you can think of time sampling in relation to the concept of a behavior stream. A person's life consists of a continuous stream of behavior that flows through time. Time sampling looks for samples of certain kinds of behavior in a child's behavior stream, but it looks for those behaviors only in specific parts of the stream identified by intervals of time.

To achieve representative samples, you must observe over a large enough number of intervals to capture the typical quality of the stream of behavior from which the sample is taken. For instance, in a twenty minute observation, you could record once a minute for twenty intervals, or every thirty seconds for forty intervals. The length and distribution of the intervals will depend on the particular behavior that you're recording.

Time sampling methods usually use a coding scheme. This is a means of reducing complex, detailed descriptions of behavior to a simple mark or tally on an observation sheet. Coding schemes usually record categories of behavior, such as aggression or play behavior. There are two types of coding schemes: sign systems and category systems.

A *sign system* is a scheme in which the categories of behavior chosen for observation are mutually exclusive: no given behavior can be put into more than one category because each category excludes all others. For instance, a child can't be following directions and ignoring directions at the same time.

A *category system* is a coding scheme in which the categories of behavior chosen for observation are both mutually exclusive and exhaustive. That is, each category excludes all other categories, and the categories include the total range of behaviors that a child can exhibit. A good example of a category system is Parten's six categories of play behavior.

Time sampling is economical of time and effort. It regulates precisely the content of the observation and the amount of time you observe. An important disadvantage of time sampling is that it doesn't capture the details of behavior and context. It also isn't a useful method for recording infrequent behavior.

Event Sampling

Event sampling differs from time sampling in that it takes specifically defined behaviors or events from the child's behavior stream, but isn't concerned with when the behaviors occur or the length of the recording period. Events are behaviors that can be placed into particular categories. For example, a quarrel can be an event; but quarrels are made up of specific, observable behaviors such as loud speech, certain kinds of facial expressions, or arguing over possession of a toy which, in turn, can be events. The event must be carefully defined before beginning the observation.

After you define the event in terms of the behaviors you'll accept as examples of the event, you place yourself in the observation setting and wait for the event to occur. When it does, you can do one three things. You can record the behavior using (1) a coding scheme, (2) narrative description, or (3) a combination of the two. The previous discussion of coding schemes in time sampling also applies to event sampling. When using narrative description, you'll observe and record for as long as the event lasts.

Event sampling shares some of the advantages of both the specimen record and time sampling. There's the potential for detailed behavioral descriptions and the use of efficient coding schemes. Infrequently occurring behaviors can be suitable targets for event sampling, if you're in a setting often or for long periods of time. Keep in mind, however, that recording events still breaks up the continuity or "stream" that characterizes all behavior.

One type of event sampling sheet that you might use contains three columns. The first column is labeled "Antecedent", the middle column is labeled "Behavior", and the last column is "Consequence." Whenever the behavior or "event" occurs, you record the exact behavior in the middle column. In the first column, you record anything that happened just prior to the behavior. In the final column, you write down anything that happened just after the event occurred. This type of data is especially valuable for behaviors that don't happen very frequently. Teachers may be able to use this data to make hypotheses about why certain behaviors occur. The events that are recorded may be either positive or negative behaviors. For example, if a child screams and hits other children, it's helpful to know what happens just before and just after the behavior so that changes can be made that will have an effect on behavior.

Anecdotal Records

The anecdotal record is often used by teachers to help them understand some aspect of a child's personality or behavior. Five characteristics of the anecdotal record are:

- It's the result of direct observation, not based on rumors or observations made by other people.

- It's a prompt, accurate, and specific description of a particular event.
- It gives the context of the child's behavior.
- Inferences and interpretations are kept separate from the objective description.
- It records behavior that is either typical or atypical for the child being observed. Anecdotal records may also be used to report anything of interest to the observer.

The method's important advantage is that it gives the teacher a running record to help understand a child's behavior in particular situations and settings. It also allows for ongoing comparisons of behaviors, which provide a way of documenting changes in the child's behavior. An important disadvantage is that they're not easy to write, and some people argue that it's easy for bias to enter into the selection of events and behaviors to be recorded.

Activity: Anecdotal Records

Two anecdotes are printed below. Read each carefully and *circle* the words used that describe a behavior that you can see, hear, or count. *Underline* words that describe behaviors that are not observable or measurable. This anecdotal record activity is more effective when completed in small groups, after which you can come together as a large group to discuss the "edited" versions. An alternative involves using this activity as a homework assignment and discussing the changes at the beginning of the next class session.

Anecdote 1

Sally was having a terrible day. She started off in the morning by spitting on Ms. Pickett, the paraprofessional who met her at the bus. Then she bopped Louie twice with a baseball bat and kicked Thelma in the shins. She wet her pants on the floor and was so embarrassed that she had a tantrum. She was so naughty that none of her friends liked her. Her aggressive behavior was annoying everyone. After her nap in the afternoon, however, she jumped off the cot, kissed Ms. Pickett three times and talked to Louie, Patricia, and Jeff. When it was time to go home, she waved good-bye to everybody.

Anecdote 2

I sure learned today why Jake is labeled "autistic." About ten o'clock this morning he began head-banging on the floor. He banged twenty-four times before he stopped. Then, he put his hands in front of his eyes and wiggled his fingers for ten minutes. He did that again at 11:30. His dual diagnoses showed up again in the afternoon when he seemed to retreat into a dream world. He smiled and twirled around the floor, obviously enjoying the fantasies in his mind. His usual paranoia seemed less, and he talked to Mr. Leonard for two minutes. After that, he wouldn't work and just lazed about for the rest of the day.

Like many anecdotal records, the two above are a combination of both good and poor observation. Choose one of the two and rewrite it so that it's a good example of your observation skills.

This activity is adapted with permission from Pickett, A.L. (1993). *A Core Curriculum and Training Program to Prepare Paraeducators to Work in Center and Home Based Programs for Young Children with Disabilities from Birth to Age Five.* New York: The National Resource Center for Paraprofessionals in Education and Related Services. City University of New York.

Frequency Counts and Duration Records

The frequency count tallies the occurrences of a particular behavior. The observer simply makes a mark on an observation sheet every time a particular behavior occurs. The duration record, a variation of the frequency count, measures the length of a behavior. The duration record is used when the extent of a child's behavior is more important than the frequency. The observer begins timing when the behavior begins and records the length of time that has passed when the behavior ends.

Both frequency counts and duration records require you to define, in advance, the behaviors you want to observe and record. This method may be used to record behaviors such as hitting, biting, or talking to other children. A duration record might be used to record the length of time a child spends watching the teacher or using materials.

Frequency counts have such advantages as simplicity of use, provision of immediate data, and usefulness in noting changes in behavior over repeated observations. The chief disadvantage of these methods is that they reveal virtually nothing about the details of behavior and its context.

Checklists

The checklist is a simple method with many uses. A checklist is any record that denotes the presence or absence of something. There are two types of checklists. One type of checklist records static descriptors, which are defined as a set of items that refer to highly stable characteristics of children or settings. Examples of static descriptors are age, sex, race, and socioeconomic status. The second type of checklist records actions, which are simply behaviors. An action checklist records the occurrence of a behavior during a period of observation.

Checklists have the advantage of being usable in many different situations and methods. They're efficient and require little effort. Checklists can be filled out by several people in the classroom so the overall impressions of children's behavior may be measured. A disadvantage is that checklists lose details of the observed behavior and its context. The checklist should be matched carefully with the objectives of the observation.

Motor Skills Checklist

Child observed ____________________

Child's age ____________________

Setting ____________________

Date ____________ Time ____________

Yes	No		
☐	☐	1	Imitates a three-cube bridge.
☐	☐	2	Uses both hands to steady a cube tower.
☐	☐	3	Uses scissors to snip accurately.
☐	☐	4	Copies a circle.
☐	☐	5	Imitates a horizontal line and a cross.
☐	☐	6	Feeds self independently with a spoon.
☐	☐	7	Dresses and undresses with assistance for front, back, snaps, and laces.
☐	☐	8	Jumps in place.
☐	☐	9	Pedals tricycle.
☐	☐	10	Washes and dries hands.
☐	☐	11	Bounces ball at least three times.
☐	☐	12	Holds crayon between thumb and first two or three fingers.

After the behaviors have been recorded using any of the methods above, the teacher must interpret the data and apply what he or she has learned. A finding is only a finding if it has some meaning which can then be applied to a specific situation or problem. Ongoing evaluation depends on interpretation, or making comparisons between something observed and a standard, or expected outcome, of behavior. In this way, what is observed is directly linked to children's objectives. It's the role of the classroom teacher to interpret results from observation and implement strategies to either change, increase or decrease, or maintain the behavior at its current level.

Activity: Teachers and Observation

Teachers often create data collection sheets to measure children's progress on instructional objectives. Talk with a classroom teacher about his or her preferred methods of data collection and ask to see examples of forms used in the classroom. You may want to ask the teacher the following questions to get a better idea of the role of data collection in early childhood classrooms:

- How often do you collect data for an individual child?
- Who is the primary person responsible for collecting data? Who is responsible for scheduling observations? Who is responsible for interpreting data? If these functions are spread across people in the classroom, how did you decide who would collect data?
- Which methods do you prefer to use? Do they change depending on the particular behavior you're observing?
- What do you do with information after you observe children?
- How do you share the information with other adults in the classroom? With parents?

Summary

Early intervention and early education services require using developmentally appropriate practices (DAP). DAP occurs when child-initiated, child-directed, teacher-supported play is the essential component of the program.

Special education classroom settings also require developmentally appropriate practices. The roles of the paraprofessional often include socially integrating students to instruction of play skills.

Instructional techniques used with children who have disabilities should reflect a naturalistic approach. This allows the child to be instructed by using their natural activities throughout the day.

Observing and recording skills are important to the early childhood program. Paraprofessionals should be well-trained in this area since monitoring children's behavior and progress on objectives is an essential part of both early intervention and early education services.

Questions to Ponder

- How can you make an area in your work setting more developmentally appropriate?
- What is another role you would like to take to facilitate the development of play and of skills in children with disabilities? How can you obtain it?
- When managing behavior, what approach do you and your colleagues use?

5

Chapter Five

Families

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Introduction

We've learned so far that families are very diverse – as unique as every individual in them. Many things make families different from one another, including financial status, where they live, who's in the family, and cultural background. The families and children we work with will often have cultural backgrounds and beliefs very different from our own. Systems theory tells us that family beliefs and values have a powerful influence over the behavior of individuals within the family and many of the values that families cherish are a part of their cultural heritage. In order to work with families, early interventionists must develop cross-cultural competence. The competent paraprofessional has the knowledge and skills to recognize and respond to the fact that families have different structures, perceptions and attitudes, and language and communication styles related to a rich cultural background.

It should become clear as you go through this module that a primary goal of early intervention is to help young children with disabilities grow to become active, contributing members of their communities throughout their lives. Integrated programs including individuals with and without disabilities and opportunities for children to be involved in the larger community are absolutely necessary to provide quality early childhood intervention.

Paraprofessionals play a very important role in integrating young children with disabilities into the community. Paraprofessionals are often hired to help facilitate inclusion by accompanying individual children who need support in integrated settings.

Upon completing this chapter, you should be able to:

- Provide a definition of "family".
- Describe methods to "empower" families to better meet their needs and the needs of their children with disabilities.

Section 1

Working with Families

What is a family? This question sounds rather simple. We all know what a family is – or do we?

As families become the focus of early intervention, educators are realizing that the statements typically used to define "family" often don't describe many of the families that enter into early intervention. Write your definition for a family in the space below.

Share your definitions with the group and discuss the similarities and differences in the definitions. Chances are good that there were several definitions. Each of us has some picture of what a family is because most of us have a lot of experience with families. Most of us are part of a "family".

Families are as unique as each of the individual members in them, and young children with disabilities can be found in a wide range of families. They may come from homes where they're being raised by only one parent; maybe both of their parents are the same sex; maybe they don't live with the people who gave birth to them. These types of differences are referred to as differences in family "structure". Some different kinds of family structures are:

- Traditional two-parent
- Adoptive
- Extended – meaning people such as aunts, uncles, and grandparents are a major part of the child's family.
- Single-parent
- Step families
- Same-sex
- Shared custody
- Foster families

It's important to recognize that each of the members of families take on unique roles within a family. For instance, it isn't safe to assume that the mother is the main caregiver for the child. The father, siblings, grandparents, or anyone else may be responsible for child care.

How then should families be defined? One definition for a family is:

> Any unit that defines itself as a family including individuals who are related by blood or marriage as well as those who have made a commitment to share their lives. The key elements are that the members of the unit see themselves as a family, are affiliated with one another, and are committed to caring for one another.
>
> (*Trimbach, et. al., 1990*)

This is how families will be defined for the rest of the section. Decide as a group if this definition suits your needs. If not, work together to develop a definition for families before continuing.

Empowering Families

A term that is often heard in early intervention is *empowerment*. Empowering families is a goal of early intervention programs that are family-centered. This means that the goal of intervention is to identify family needs, to locate informal and formal resources and support for meeting those needs, and to help link families with the identified resources. The goal isn't to do everything for families, but rather for early childhood workers to provide the initial help families need to function independently. Identifying needs, and helping the family search for ways to meet them, makes it more likely that families will be able to provide for the special needs of a child with a disability.

The Family Needs Survey, included in Appendix G, provides an easy way to find out what families need in order to help their child's development. Give this survey to a family you know or work with who has a child with a disability. If you don't have access to a family with a child with a disability, you can role play with another person in your class.

Work together in class to brainstorm ways that paraprofessionals can help meet family needs, either through directly working with the family, working with professionals, or providing support in other ways.

Your Role as a Paraprofessional

Once family needs have been identified, the paraprofessional can think of ways they can help families meet their own needs. Most times you'll be helping families under the direction of a service coordinator or other professional. That person should give you guidance in your role. You should also make sure that you, your supervisor, and the family have a clear understanding of what you're and are not responsible for in your role as a paraprofessional. This should be worked out *before* you run into a situation where you're uncomfortable or unsure.

People who work with young children and their families sometimes feel a bit anxious about parent involvement. This anxiety may stem from inexperience in working with parents, or uncertainty about admitting limitations in knowledge or skills, and/or not referring to others. They may also have difficulty overcoming barriers that rise from differences between families regarding life skills, abilities, or priorities. However, paraprofessionals can have certain characteristics that will lead to good relationships with parents. In particular, paraprofessionals can provide families with information and support by following these suggested guidelines.

Providing Information

- Have as much information as possible about the particular disability with which the family is coping.
- Be familiar with community resources that parents can connect with to access the information they need.
- Be familiar with the names of people or organizations who may have more information for parents. For example, advocacy groups, or professional organizations for individuals with dis-

abilities may be good sources for support or information.

- Know your role and when to say "I don't know". Refer parents to the teacher or service coordinator in charge of the case.

Supporting and Encouraging Families

- Listen! Listening to parents shows you respect them.
- Give parents recognition for their strengths and successes.
- Don't talk down to parents; they're experts when it comes to their child. Believe the parent when they tell you something about their child.
- Avoid saying "I know how you feel". Most times we can't know how a person is feeling. Resist the temptation to say "Everything will be all right". Common sense tells parents that everything won't be all right. Using these statements may reduce your credibility with families and may make families feel that you don't care how they're really feeling.
- Use statements like "What do you think would help?" or "Who do you think can help with this?" instead of "This is what you should do" or "I know who can do this for you".
- Maintain confidentiality. Don't discuss the family's case with anyone but your immediate supervisor. Likewise, don't talk about other children or families when you're working with parents. According to law, privacy is the *right* of all families.
- Show respect for children and value them as people.
- Don't pressure parents to participate.
- Listen to parents' opinions, then show you value them by following through on requests.
- Accept people's right to be different; avoid generalizing and stereotyping.
- Always check with the teacher or case manager before sharing information about the child. In center-based programs, you may be the only early child care provider that the parent sees regularly. This can put you in an awkward position if you're not clear about your role in working with parents.

Information on empowering families is adapted with permission from Murray, J. (1990). Best practices in working with parents of handicapped children. In A. Thomas and J. Grimes (eds.). *Best Practices in School Psychology*. Washington, D.C.: NASP.

Section 2

Developing Cross-Cultural Competence

> Achieving cross-cultural competence requires that we lower our defenses, take risks, and practice behaviors that may feel unfamiliar and uncomfortable. It requires a flexible mind, an open heart, and a willingness to accept alternative perspectives. It may mean setting aside some beliefs that we have cherished to make room for others whose value is unknown; and it may mean changing what we think, what we say, and how we behave. But there are rewards – the reward of assisting families who need someone who can help them bridge two different cultures as well as the reward of knowing more about ourselves and becoming more effective interpersonally.
>
> *Eleanor W. Lynch, 1992*

There are three major strategies that interventionists may use to develop cultural competence:

- Develop self-awareness.
- Develop culture-specific awareness and understanding.
- Understand communication issues.

Developing Self-Awareness

One of the first steps in understanding individuals from other cultures is to think about our own values, beliefs, and behaviors that are influenced by our family background. Culture isn't just something that someone else has. All of us have a cultural, ethnic, and linguistic heritage that influences our current beliefs, values, and behaviors. All cultures have built-in biases and there are no right or wrong cultural beliefs. There are, however, differences that must be acknowledged. Cultural self-awareness is the bridge to learning about other cultures. It isn't possible to be truly sensitive to someone else's culture until you're sensitive to your own and aware of the impact that cultural customs, values, beliefs, and behaviors have on your behavior.

Activity: A Cultural Journey

To learn a little more about you own heritage, take this simple cultural journey.

After answering these questions on your own, bring them to the group and discuss with others the values, beliefs and cultural practices you have defined for yourself. What are the similarities between the people in your group? What are the differences? Brainstorm ways that you can learn more about the cultures represented in the group.

Origins

- When you think about your roots, what country/countries other than the United States do you identify as a place of origin for you or your family?

- Have you ever heard any stories about how your family or your ancestors came to the United States? Briefly, what was the story?

- Are there any foods that you or someone else prepares that are traditional for your country(ies) of origin? What are they?

- Are there any celebrations, ceremonies, rituals, holidays that your family continues that reflect you country(ies) of origin? What are they? How are they celebrated?

- Do you or anyone in your family speak a language other than English because of your origins? If so, what language?

- Can you think of one piece of advice that has been handed down through your family that reflects the values held by your ancestors in the country(ies) of origin? What is it?

Beliefs, Biases, and Behaviors

- Have you ever heard anyone make a negative comment about people from your country(ies) of origin? If so, what was it?

- As you were growing up, do you remember discovering that your family did anything differently from other families you were exposed to because of your culture, religion, or ethnicity? Name something you remember that was different.

- Have you ever been with someone in a work situation who did something because of his or her culture, religion, or ethnicity that seemed unusual to you? What was it? Why did it seem unusual?

- Have you ever done anything that you think was culturally inappropriate when you have been in another country or with someone from a different culture? In other words, have you ever done something that you think might have been upsetting or embarrassing to another person? What was it? What did you do to try to improve the situation?

- Have you ever felt shocked, upset, or appalled by something that you saw when traveling in another part of the world. If so, what was it?

Imagine

- If you could be from another culture or ethnic group, what culture would it be? Why?

- What is a value from that culture or ethnic group that attracts you to it?

- Is there anything about that culture or ethnic group that concerns or frightens you? What is it?

Adapted with permission from E.W. Lynch and M.J. Hanson (1992) *Developing Cross-Cultural Competence: A Guide for Working with Young Children and Their Families.* Baltimore: Paul H. Brookes Publishing Co.

Culture-Specific Awareness and Understanding

After you become familiar with your own culture and its effects on the ways in which you think and behave, the foundation for learning about *other* cultures has been laid. There are many ways to learn about other cultures.

- Reading about other cultures may be the best way to start. Books written by authors from the culture provide insights and perspectives that are not available through other sources. Biographies, history books, and fiction are all possible sources of information.
- Learn about other cultures through open discussion and sharing with members of another culture. These individuals may be able to highlight feelings, beliefs, and practices that may be unfamiliar. However, don't assume that because someone has certain physical characteristics that they'll identify themselves as being from another culture.
- Participating in the life of the community of diverse cultures is the third way to increase cross-cultural understanding. Celebrating holidays or getting involved in community projects, such as building a playground, are all ways in which people may increase their appreciation of different cultures.
- Learning the language of another culture is one of the strongest commitments to learning about and understanding that culture. Having a second language is also a highly valued skill in education.

Learning about cultures in general is important, but it may be more important to learn about the characteristics of the particular family you're working with because families differ in the degree to which they follow the beliefs and practices of people from their country of origin.

A rule of thumb is ***don't make assumptions about family concerns, priorities, and resources.*** Only the family is able to provide you with that information. If you're working with families, you may want to discuss these questions below with the teacher or service coordinator. Together, you may learn about the best ways to meet the needs of the family and the child with a disability. However, it's only appropriate to ask for information that is directly related to your role as an early interventionist:

- Who are the members of the family? Do they all live in the same household? Who are the key decision-makers?
- Who are the primary caregivers? Who else participates in caregiving? What are family member roles?
- What are the family feeding practices? What types of foods are eaten? Are there any taboos related to food preparation or handling?

- What is the family's perception of the child's disability? How does the family view their role in intervening with the child?
- From whom does the family seek help – family members or outside agencies or individuals?
- To what degree is the family proficient in English? To what degree is the home-visitor proficient in the family's native language?

Cross-Cultural Communication

Communication, both verbal and nonverbal, is critical to cross-cultural competence. Sending messages and understanding messages that are being received are both important to effective interpersonal interactions. Because language and culture are interwoven, communicating with people from different cultural backgrounds is very complex, especially if the family and the interventionist don't speak the same language. However, speaking the same language doesn't guarantee communication. Individuals from other cultures may have different communication *styles.* Basic communication skills, both verbal and non-verbal, will help the paraprofessional work with diverse families.

Nonverbal behavior often speaks louder than words, and the same nonverbal behaviors often have very different meanings from one culture to another. A gesture or facial expression that is accepted as positive or complimentary in one culture may be viewed as negative or even obscene in another. For instance, some cultures may communicate informally with strangers by standing closely to one another, making direct eye contact, touching, and using gestures. Other cultures may value more formal interactions where direct eye contact with strangers may be considered shameful or disrespectful. No one can be expected to learn, know, and behave in ways that are considered culturally appropriate for everyone in every situation. It is, however, a sign of respect to observe families and alter your nonverbal communication to help them feel comfortable. Some of these forms of non-verbal communication are:

- Eye contact and facial expressions, such as smiling, frowning, or keeping a straight face while talking about the child with the family.
- Physical closeness between speakers and touching while talking.
- Positions and postures (sitting, standing, hands on hips).
- Gestures (hand and arm movements, or nodding the head for *yes* or *no*).

Verbal communication between individuals who don't speak the same language can be very challenging. Sometimes, communication between paraprofessionals and family members takes place with the help of an interpreter. There are a number of guidelines for working with families through an interpreter:

- Learn names and forms of address (including a few greetings) in the family's primary language, and use the correct pronunciation.
- During the interaction, address your remarks and questions directly to the family (not the interpreter); look at and listen to family members as they speak and observe their nonverbal communication.
- Speak clearly and somewhat more slowly, but not more loudly.
- Limit your remarks and questions to a few sentences between translations.
- Be patient and prepared for the additional time that will be required for careful interpretation.

General Characteristics of Effective Cross-Cultural Communicators

In addition to the specific communicative behaviors discussed above, there are a few general characteristics of people who are effective cross-cultural communicators. Having these characteristics will help you improve in your performance as a paraprofessional because families, and professionals, will enjoy working with you. Effective communication helps build trust between individuals, and this will hopefully lead to better outcomes for children and families.

Communication is improved when the paraprofessional:

- Respects individuals from other cultures.
- Makes continued and sincere attempts to understand the world from other's points of view.
- Is open to new learning.
- Is flexible.
- Has a sense of humor.
- Tolerates uncertainty well.
- Approaches others with a *desire* to learn.

This section was adapted from Lynch, E.W. (1992). "Developing cross-cultural competence". In E.W. Lynch and M.J. Hanson (eds.). *Developing Cross-Cultural Competence: A Guide for Working with Young Children and Their Families*. Baltimore: Paul H. Brookes Publishing Co.

Section 3

Community Integration

There are several benefits for integrating children in the first several years of life:

- Increases in positive social interaction have been shown for children in integrated settings.
- Increases in the amount of functional play have been shown in integrated settings.
- Increases in language development have been shown in integrated settings.
- Integrated programs provide opportunities for both parents and children with and without disabilities to gain positive information and knowledge about disabilities.
- Integrated programs maximize the possibility that people will recognize a child's strengths in some areas of development, and that similarities between children with and without disabilities will be highlighted.
- It's the right of every family and child to participate fully in the community. Integration helps protect these rights.

Types of Integrated Settings

There are several ways to provide integrated learning opportunities for young children. Having special education or early intervention programs and early childhood programs in one building is one way of doing this. This arrangement makes it convenient for staff in early intervention programs to teach children with and without disabilities together for short periods of time. Working together may build staff and family confidence in the idea of integration, and staff from the two settings can observe and learn from one another. While providing services in the same building may open doors for children with special needs in that location, it's only a beginning step in opening more doors for young children.

Reverse Mainstreaming

Reverse mainstreaming is the intentional inclusion of children without disabilities into special education classrooms or play groups. It's an attempt to combine the convenience of the staff and resources of the special education center with the benefits of education with same-age peers without disabilities. Early intervention staff and parents benefit by learning about the range of typical development and behavior for young children. This approach, however, may not be practical over time because it requires early intervention staff to do "double duty." This approach also doesn't address the need to help children with special needs enjoy and learn in typical environments.

Community-Based Intervention

Rather than assigning one place to integrate young children, this approach considers the many formal and informal settings in each child's neighborhood and community. Community-based intervention is tailored to the family's style, values, and schedules. Staff and program resources go out to children and families, rather than requiring families to come to special settings. In order to do this, staff members have flexible schedules and are responsive to changing opportunities and needs.

The following are some examples of practices which promote community integration:

- Inclusion in the home for children who may traditionally be hospitalized or institutionalized.
- Involvement in neighborhood activities such as using local playgrounds, going to grocery stores and malls, or playing with other children who live in the neighborhood
- Attending the school that the child would go to if he or she didn't have a disability.
- Providing support services so that families may use family day care, nursery schools, day care centers, or drop-off child care.
- Providing opportunities for children to enjoy the companionship of other children in home, neighborhood, and school settings.

Adapted with permission from Kjerland, L. (1990). Community-based early intervention: typical settings and resources for birth to five with special needs. In K. Trimbach, S. Abderholden, & K. Grykiewicz. (1990). *Early Intervention: Building Blocks for the Future.* Minneapolis: ARC Minnesota.

An Activity

Read each of the situations described below. Decide if the situations reflect community-based integration. If it doesn't, tell how the situation could be corrected.

- At a meeting with school officials, Judy's parents were told that the school didn't have an appropriate classroom for their daughter: she wouldn't be accepted into the school's programs because of her "bizarre behavior".

- After the Ortiz family gets up in the morning, Mrs. Ortiz takes her sons, Johnny and Manuel, to a day care center down the street. Johnny's friend, Anne, helps him to play with his friends at the day-care center by adapting chairs so that he can "sit up" at the table and use the play-dough. She also helps children figure out what Johnny's trying to say when they can't understand him.

- The school district in Sunnyvale has built a beautiful new school just for children with disabilities. The building has "wheelchair accessible" entrances, and all of the state of the art equipment that teachers will need to teach children with special needs. Now they don't have to worry about changing the old schools because all of the kids with "special needs" will be coming to this school. The district even purchased some new school buses so that children who live farther away will be able to come to this school. Everyone feels very fortunate to have such nice facilities for the students.

Section 4

Your Role in Community Integration

Community integration can be a challenging job because it's difficult to know how *much* assistance the child will need. There are a few guidelines for figuring out how much assistance the paraprofessional will have to provide:

- Generally, the nature and amount of assistance will depend on the needs and abilities of the child and the confidence, time, and skills of the paraprofessional.
- Some children will need only monthly or weekly on-site observation and problem-solving in order to fully participate.
- A few children will require the presence of a paraprofessional to directly assist the child all the hours he or she's in an integrated setting. This may include help in getting around, self-care, behavior management, or help in communicating with other children.

- Neither too little nor too much assistance is appropriate.
- A rule of thumb is to facilitate natural interactions between peers rather than serve as a go-between. Limit physical closeness and encourage or show children to directly approach each other.
- Sometimes the best approach is to translate the sounds and actions of the child with special needs for peers. For example, "That's his way of saying, 'No, thanks'" or "I think she'd like to play with the blocks, too."
- Paraprofessionals should provide only the amount and type of assistance that is practical and comfortable for them to do. For example, other staff may be needed to provide for complicated medical procedures with children.

There are several strategies for promoting inclusive education in classroom settings where you provide one-to-one support for a child with a disability:

- Know and communicate why the student is in the class.
- Know and communicate why an additional adult is in the class.
- Facilitate interactions with classmates and classroom teacher.
- Empower the student to be an active participant.
- If the student requires assistance, do *with* instead of *for*.
- Include the student in conversations.
- Recognize and promote age-appropriate norms.
- Know and enforce classroom rules.
- Be a part of the class. Support all students.
- Support and reinforce the classroom teacher.

Adapted with permission from Vandercook & York (1990). A Team Approach to Program Development and Support. In Stainback & Stainback (eds.) *Support Networks for Inclusive Schooling*. Baltimore: Paul H. Brookes Publishing Co.

An Activity

Paraprofessionals are also valued because they often live in the same community as the children and families they serve. In a sense, they are a "spokesperson" for inclusion, and help the people in their community to understand the benefits of inclusion. In order to do this, paraprofessionals should be aware of their own feelings about inclusion, and should understand that people often have strong feelings about inclusion – both for and against.

Read each of the following statements and write down your reaction. Write down how you think the people in your community would react to the statement. What do you think you would say to them about the statement.

- Special education means plenty of specialized help at an early age to reduce or prevent later problems; there isn't any time or need for typical settings.

- Typical settings are helpful for older preschoolers with milder needs who will benefit from the socialization.

- Typical settings are helpful for preschoolers with moderate to severe needs because of the rich environments they provide which help all areas of development.

- All ages, including very young toddlers, benefit from several play interactions with typically developing peers because they make active playmates whose play focuses on the skills needed by children with special needs.

- Typical peers and typical settings are the right of all children needing early intervention. It's the responsibility of adults to provide children with education in typical environments, despite their characteristics.

- Which of these statements best reflects your current appreciation of typical settings?

Summary

In today's society, the definition of family can be quite diverse. Paraprofessionals should be aware of the variety of family settings in our communities. This will assist with empowering, encouraging, and informing the family in the best way possible.

Paraprofessionals in the early intervention and early education programs are also faced with cross-cultural family issues. It's necessary to have the knowledge and skills to recognize and respond to the fact that families have different structures, perceptions, attitudes, language, and communication styles which are all related to a rich cultural background.

Children with disabilities have the right to be active members of our community. Early childhood programs can provide children with many of the skills needed to be active citizens.

Paraprofessionals are often key players in the full integration of children with disabilities. Paraprofessionals have the opportunity to advocate, integrate, and give direct support to these individuals. It's crucial for paraprofessionals to know the best and most effective methods to approach this role.

Questions to Ponder

- How many different definitions of families can you formulate? How many families that you know match these definitions?
- Do you work in a cross-cultural setting? How do you communicate throughout the day?
- Does your work setting provide an integrated environment? If not, can you modify it in any way?
- What are some practices you use to promote community integration?

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Appendix A

Accessible Child Care – Who Does the ADA Protect & What Does it Require?

Alicia is a four-year-old girl who wants to play with children her own age, and her mother, about to return to work, is eager to find just the right child care for her. Born with spina bifida, Alicia is a bright, capable child, more alike than different from her peers.

Like thousands of children across the country, Alicia is a child with a disability in need of child care. Caring for children like Alicia in regular child care settings is not new and, in many cases, is not particularly different from caring for other children. Since its inception, child care has always focused on the needs of individual children. What is new is the passage of the Americans with Disabilities Act (ADA), which spells out the rights of children like Alicia and their families, as well as the legal responsibilities of child care providers in providing services to children with disabilities.

Who does the ADA protect?

The ADA protects any child or adult who:

- Has a physical or mental impairment which substantially limits one or more major life activities, such as speaking, seeing, learning, walking, etc.;
- Has a history of this type of impairment (such as a child with cancer now in remission); is "regarded" as having the impairment (such as a child with facial scarring who has no limitations, but is stigmatized);
- Is "associated with" any of the persons described above (so that a child seeking admission to a child care program cannot be denied simply because her brother has tested positive for HIV or because her mother uses a wheelchair).

What impact does the ADA have on child care programs?

As of January 26, 1992, child care programs, both family child care homes and child care centers, regardless of whether or not they receive public subsidies, can no longer discriminate or the basis of disability. Instead, the ADA demands a "new way of thinking" in which accommodations required by the individual are weighed on a case-by-case basis against the resources available to the child care program to make any necessary accommodations.

What exactly does the ADA require child care programs to do?

The ADA requires that child care programs consider making changes in three aspects of their programs. First, they must make reasonable modifications in their policies, practices and procedures in order to accommodate the individual with a disability unless the modification would fundamentally alter the nature of the program and there are no reasonable alternatives. Examples might include:

- Eliminating prohibitions against serving children with disabilities in admissions policies;
- Eliminating *per se* restrictions which are not toilet trained from being considered for admission;
- Providing alternative foods at lunch and snack time for children with certain food allergies; *and/or*
- Making a schedule change for a child who takes medication and nap in the morning.

Second, child care programs are required to provide "auxiliary aids and services" (which are services and devices designed to ensure effective communication, such as interpreters, audio tapes, large print materials, etc.) for those with disabilities affecting hearing, vision, or speech, unless to do so would fundamentally alter the nature of the program or would impose an undue burden (significant difficulty or expense) on the program and there are no alternative steps that can be taken. Examples might include:

- Purchasing large print books;
- Learning some sign language or hiring an interpreter; *and/or*
- Putting a braille label on the cubbyhole of a child who is blind.

Finally, architectural barriers which prevent access to services must be removed if removal is readily achievable. Readily achievable means easily accomplished and able to be carried out without much difficulty or expense. When barrier removal is not readily achievable, programs must make the services available through alternative methods, if the alternative methods are themselves readily achievable.

What types of personal assistance and devices must the child care program staff provide?

The ADA makes it clear that child care programs are not required to provide children with personal devices such as wheelchairs, eyeglasses, or hearing aids. However, unlike other public accommodations which are not required to provide services of a personal nature (such as assistance in eating, toileting or dressing), child care programs *are* required to provide these services when they are ordinarily provided to other children in care.

What safety considerations are taken into account in determining whether a child will be admitted or maintained in a child care program?

Child care programs may refuse to admit a child if they can document that the child will pose a direct threat to the health and safety of others in the child care setting. This is a very narrow exception. Additionally, if the risk can be eliminated without fundamentally altering the nature of the program, the child must be admitted or maintained in the program.

Is transportation offered by child care programs also covered by the ADA?

Yes. If child care programs transport children in cars or other vehicles, the same rules apply to the vehicles as apply to the child care facility. That is, barriers must be removed – if this is readily achievable – or removed without much difficulty or expense. However, generally speaking, larger providers using vehicles that can transport more than sixteen people, and who transport the children on a fixed route, must have an accessible vehicle that includes permanent equipment, such as a hydraulic lift.

Is it legal to be charged extra for the costs of caring for a child with disabilities?

No. The ADA is very clear that child care programs may not charge families with children with disabilities more than other families are charged to cover any increased costs the program incurs in making accommodations. To help defray any additional costs, child care programs may also be eligible for either a tax deduction or a tax credit for certain types of expenditures necessary to accommodate persons with disabilities. (Obtain a copy of IRS publication 907 for further information on all tax provisions available to assist individuals with disabilities.) Professional charges, such as physical or occupational therapy which are separately billed professional services and are not required to comply with the ADA, can continue to be charged directly to the families involved.

What can I do if I feel a child care program isn't complying with the requirements of the ADA?

First, let the child care program know what your concerns are, and provide them with information about the legal requirements of the ADA. If you are still unable to get satisfaction, you might seek to mediate the dispute using a community mediation service. Al-ternatively, you have two options. You may hire a private attorney to bring an action against the program, or you can file a complaint with the Attorney General at the federal Department of Justice. If you file a private action, you are entitled to a court order to stop the discrimination. If the Attorney General brings the suit she may seek monetary damages as well as civil penalties ($50,000 for the first violation; $100,000 for any subsequent violation).

How can I help a child care program meet my child's needs?

- Share with the program all you can about what you think is important forthe child care staff to know in caring for your child.
- Maintain communication with your provider throughout the time your child is in care.
- Facilitate communication between your child care provider and any other professionals who are helping your child. Your written consent will be necessary.
- Let the child care program know about any community agencies or state or national organizations which provide resources and information regarding the type of disabilities your child has.
- Assist the program in identifying any public or private subsidies, grants, or loans available to support their efforts.

About the Child Care Law Center

The author, Abby Cohen, is managing attorney for the Child Care Law Center. While it is not available to provide direct representation in disputes between parents and providers regarding ADA copliance, the Child Care Law Center can provide general information and technical assistance in understanding the law's requirements to both groups. Individuals may either call 415/495-5498 between 9:00 AM and noon on Tuesdays or Thursdays or write to the Child Care Law Center at 22 Center Street, 5th Floor, San Fransisco, CA 94105.

Appendix B
Model Learner Outcomes in Early Childhood Education

Social Outcomes: Birth to Nine

During this period, the child moves from no realization of a difference between self and others through a primary concern for self to a level of concern for others. The scope of social interactions moves from early bonding with a significant adult through experiencing self as a part of family to friendships and participation in the larger world. In relationships with others, the child grows in abilities to cooperate, serve as a resource, negotiate, lead and follow, and be a friend.

Social Indicators: Birth to 15 Months

Sense of Self as a Social Being

1 Differentiates self from another
2 Mirrors emotions of others
3 Imitates things the caregiver does

Social Relations

1 Responds to or initiates games, e.g., "pat-a-cake," blowing bubbles, turn-taking games
2 Can be comforted by familiar adult when distressed
3 Demonstrates an interest in adults and children
4 Relies on adults for physical and emotional support
5 Shows affection for familiar person

Social Skills

1 Differentiates between familiar and unfamiliar people
2 Begins to adapt to stimulation of various people and places
3 Anticipates rituals and routines
4 Explores objects with another person as a basis for establishing personal relationships

Social Indicators at 2.5 Years

Sense of Self as a Social Being

1 Is increasingly aware of others as being distinct from self

2 Is aware of others' feelings

3 Imitates behavior of adults and peers

Social Relations

1 Demonstrates interest in playing with other children

2 Enjoys participating in small group activities for short time

3 Labels some children as friends

4 Begins to realize others have rights and privileges

5 Enjoys adult attention and approval

6 Recognizes family members

Social Skills

1 Increasingly able to adapt to different people and environment

2 Begins to express some emotions appropriately and with increasing control

3 Begins to assert self appropriately in some situations

4 May verbalize some feelings

Social Indicators at 4.5 Years

Sense of Self as a Social Being

1 Begins to have empathy for others

2 Demonstrates a sense of trust through:
a seeking help and assistance
b seeking emotional support from adults

Social Relations

1 Begins to enjoy and function successfully as a group member

2 Develops close friendships

3 Begins to give and receive support from other children

4 Confides in adults

5 Is beginning to understand concepts of family and neighborhood

Social Skills

1 Recognizes, understands, and labels some emotional states in others

2 Uses play to explore, practice, and understand social roles

3 Beginning to understand of others' rights and privileges, e.g., following rules, sharing, turn-taking,

4 Peer relationships developed by cooperating, helping, sharing, expressing interest

5 Begins to show acceptance of similarities and differences among people, e.g., gender, ethnicity, age, disability

Social Indicators at 6.5 Years

Sense of Self as a Social Being

1 Begins to gain satisfaction from giving/doing things for others
2 Has a sense of self as a member of a group

Social Relations

1 Begins to prefer associating with children more than adults
2 Begins to enjoy and function successfully as a group member
3 Develops close friendships
4 Begins to give and receive support from other children
5 Establishes friendly interactions with adults other than parents
6 Begins to understand concepts of family and neighborhood

Social Skills

1 Begins to understand and respect that others may have a different point of view
2 Becomes aware of a variety of roles, careers, attitudes, and cultural values
3 Continues to expand social skills, e.g., cooperates, make use of rules, expresses interest in others
4 Sustains friendships and expands circle of friends
5 Is beginning to find constructive ways for solving problems and conflicts without adult assistance:
   a apologizes or makes restitution
   b compromises
6 Begins to accept mistakes in self and others
7 Accepts and is sensitive to individual differences among people, e.g., gender, ethnicity, age, disability
8 Begins to adjust behavior in accord with social expectations
9 Begins to make independent decisions about whom to trust
10 Begins to play/work cooperatively in small and large groups:
   a produces a product
   b works in assigned groups
   c works with self-selected groups
   d takes turns and shares
11 Appreciates, accepts, and interacts with people of all cultures
12 Tries out and tests relationships with friends and others

Social Indicators at 9.0 Years

Sense of Self as a Social Being

1 Is increasingly independent of adults

2 Is developing a sense of community with others

Social Relations

1 Needs and enjoys caring adults who are present but not controlling

2 Wants to belong to groups, but groups remain flexible

3 Tends to select same-sex peers as friends

4 Develops longer-lasting peer relationships and friendships

5 Interacts with an expanding environment, including extended family, school community, neighborhood, and city

Social Skills

1 Continues to develop an appreciation of others' worth and dignity

2 Continues to develop a sense of effective human relations, e.g., being a friend, accepting and valuing differences, empathy

3 Acknowledges the multiple roles, contributions, and abilities of males and females

4 Continues to expand social skills, e.g., understands a need for rules and structure, suggests and negotiates rules

5 Cooperates in pairs and groups through leading *and* following

6 Requires less direct supervision in all areas, e.g., home, learning, neighborhood

7 Appreciates diversity among individuals:
  a strengths/limitations
  b handicapping conditions
  c maturation
  d language variations
  e cultural heritage

8 Is becoming aware of the importance of being a good sport

Physical Outcomes Birth to Nine

Through exploring and manipulating the environment, the helpless and dependent baby grows into a self-sufficient and competent child of nine.

From being carried by another, through taking the first faltering steps, the child moves to coordinated mastery of physical movement.

From random thrashing movements, through increasingly purposeful use of hands, to skillful, precise, and coordinated use of tools and technology, the child becomes a contributing member of the human family.

Physical development enhances cognitive growth as real actions bring understanding to abstract concepts.

Physical Indicators: Birth through 15 Months

Gross Motor

1 Maintains midline head control
2 Rolls over
3 Crawls, creeps, or scoots
4 Moves to sitting position
5 Sits alone independently
6 Pulls to stand through half-kneel position
7 Crawls upstairs
8 Crawls downstairs backwards
9 Stands independently
10 Takes steps with support
11 Walks

Fine Motor

1 Reaches for object
2 Picks up object or food with palmar grasp
3 Independently releases objects
4 Transfers objects hand to hand
5 Reaches, grasps, and puts objects in mouth
6 Pushes, pulls, and throws objects away from self
7 Manages more than two small objects with hand/grasp
8 Isolates an index finger for poking or pushing small toy
9 Puts in and dumps out

Physical Indicators at 2½ Years

Gross Motor

1 Walks backwards
2 Walks on uneven surfaces
3 Walks upstairs by placing both feet on step and using support
4 Climbs
5 Sits self in small chair from standing position
6 Rides small toy, pushing with feet on ground
7 Traps a large ball
8 Starts running
9 Moves to music

Fine Motor

1 Uses palmar grasp when scribbling

2 Uses neat pincer grasp to finger-feed self
3 Drinks from open cup with moderate spillage
4 Uses spoon for self-feeding with some spillage
5 Pulls zipper down
6 Paints with whole arm movement, shifts hands, makes strokes

Physical Indicators at 4½ Years

Gross Motor

1 Begins to develop control of body movement, e.g., hopping, jumping, balancing, bending, stretching, walking, running
2 Continues to develop body strength and stamina in pulling, pushing, climbing, swinging, walking, running
3 Begins to develop body coordination, e.g., galloping, jumping, swinging, balancing, leaping, pedaling, swimming, dancing
4 Continues to develop body flexibility, e.g., running, dancing, climbing, wiggling, stretching, crawling
5 Continues to develop large muscle strength and coordination with large objects, e.g., throwing, bouncing, kicking, striking, pedaling, steering a vehicle, carrying, catching
6 Begins to moves rhythmically to music
7 Begins to use equipment for physical development, e.g., slides, swings, jungle gyms, balls, bats, tricycles, sleds

Fine Motor

1 Developing small muscle control, e.g., threading, stacking, reaching, building, assembling, rolling, releasing, grasping, kneading, drawing, cutting, pasting
2 Developing small muscle strength, e.g., pounding, kneading, pulling, using tools, rolling, squeezing, scrubbing, pumping
3 Developing eye-hand coordination, e.g., assembling, lacing, use of utensils, sewing, folding, tearing, tracing, dressing skills, cutting, painting, drawing, self-help skills, pressing buttons, pulling levers

Physical Indicators: at 6½ Years

Gross Motor

1 Begins to coordinate multiple physical skills, e.g.,
  a walking and hopping together to become skipping
  b jumping and rope turning become jumping rope
  c grasping, swinging, and balance become batting
2 Begins to use physical skills in organized game activities

3 Continues to refine coordination of individual gross motor skills, e.g., throwing, catching, running

4 While outside or in large open spaces, engages in playful activities that use a variety of physical skills (e.g., running, holding, balancing) which result in building strength, coordination, flexibility, and endurance

5 Is acquiring a conscious control of body and limbs and demonstrates many ways in which each body part can move

6 Organizes and uses body and objects to explore spatial concepts, e.g., over, under

7 Spontaneously moves with smoothly integrated body actions

8 Knows and applies safety precautions

9 Takes pride in own movements and involvement

10 Begins to respond to a variety of rhythmic stimuli through body movements

11 Is able to appropriately use equipment for physical development, e.g., climbing bars, bicycles, balls, bats, skates, playground equipment

Cognitive Outcomes Birth to Nine

The mind of the child is searching for meaning. This drive, or yearning to know, is the basis for intellectual development. As the child attaches meaning to perceived events and experiences, each new event is incorporated into the child's expanding image bank, providing for new approaches to tasks. The child moves from a reliance on concrete objects and firsthand experiences to an increasing ability to think more abstractly.

Through observing, listening, and making inferences related to life experiences, the child becomes capable of complex thinking. Curiosity motivates the child to solve problems, at first by trial and error and later through using strategies, resources, and techniques to test out hypothetical possibilities and find solutions The child learns to acquire, organize, and use information in increasingly complex ways.

Cognitive Indicators: Birth through 15 Months

Attention

1 Responds to own name

2 Responds to simple questions, e.g., "Where's kitty?"

Curiosity

1 Inquires into the environment through manipulation and exploration

Perception

1 Discriminates and adapts to sounds and visual stimulation in the outside world
2 Uses all five senses to gain information
3 Recognizes own image in the mirror
4 Perceives familiar objects after seeing only parts of them

Memory

1 Recognizes caregiver by voice
2 Recognizes objects and people
3 Imitates play demonstrated by others
4 Anticipates from cues or sounds routine activities, e.g., feeding, diapering

Problem Solving

1 Explores objects, e.g., grasps, puts in mouth, rolls/stomps on
2 Manipulates objects to discover effects, e.g., shaking, banging, dropping
3 Positions self to reach and interact with environment
4 Protects self by placing hand up or turning away as an object comes close
5 Makes needs known through verbal and nonverbal cues

Logical Thinking

1 Purposefully reaches and grasps objects
2 Purposefully performs an action on an object to see the effect
3 Imitates an action to see another person react
4 Begins to retain the memory of absent objects/persons/events
5 Recognizes the possibility of absent objects/persons to reappear

Cognitive Indicators at 2½ Years

Attention

1 Has greater attention when touch and action are involved
2 Looks at story-book pictures with an adult
3 Returns to focus on something after being distracted
4 Attends when adult's attention is focused on child
5 Concentrates on activities of choice such as putting objects into a bottle
6 Attends to familiar songs, rhymes, and games
7 Matches similar objects

Curiosity

1 Experiences self as an enthusiastic explorer of the environment
2 Experiences self as one who has some control over environment
3 Investigates and inquires about everything experienced
4 Finds most things experienced worth knowing about

Perception

1 Continues to rely on five senses to gain information
2 Perceives rhythm in music and responds
3 Recognizes some colors
4 Recognizes miniatures as representatives of real, known objects
5 Assembles simple puzzles
6 Matches similar objects

Memory

1 Learns routines and expects them in the environment
2 Begins to recall and label recent events, perceptions, and relationships
3 Begins to have a sense of what is acceptable and unacceptable based on external controls
4 Responds to mention of absent objects or people
5 Retains commands long enough to respond
6 Repeats parts of songs or poems

Problem Solving

1 Uses locomotor skills to satisfy curiosity and to meet needs
2 Beginning to use language to solve problems:
    a makes needs known
    b responds to verbal directions
    c uses names of people and objects
    d questions through words or gestures
3 Initiates some self-care

Logical Thinking

1 Expects absent objects or persons to reappear in appropriate places or at appropriate times
2 Sees similarities and differences in concrete objects, events, and persons
3 Begins to understand how objects can be ordered and events can be sequenced
4 Is able to group objects on the basis of a single characteristic by labeling, matching, and sorting

Cognitive Indicators at 4½ Years

Attention

1 Is increasingly able to focus on the relevant task
2 Is beginning to screen out distractions
3 Persists for longer periods of time on child-initiated tasks
4 Focuses attention on adult-directed tasks for short time
5 Can reproduce simple constructions from a model or after a demonstration
6 Shows increased attention when manipulating objects

Curiosity

1 Is eager to know and to do
2 Believes in self as a learner
3 Experiences self as having increasing control over environment
4 Finds excitement in discoveries
5 Is developing special interests
6 Continues to satisfy curiosity through exploration and manipulation

Perception

1 Recognizes and may label likenesses and differences in shapes, patterns, and figures
2 Reproduces visual patterns
3 Recognizes and may label likenesses and differences in sounds
4 Reproduces auditory patterns, e.g., clapping, singing
5 Begins to keep time to a rhythmic pattern
6 Begins to use a combination of perceptual cues in tasks requiring attention to features like color, shape, texture, or size

Memory

1 Describes: labels animate and inanimate objects, events, and processes
2 Gains increased ability to recall recent and past events, perceptions, relationships, labels
3 Begins to link past and present information
4 With assistance, is developing simple memory strategies
5 Is gaining skill in following directions
6 Remembers stories, poems, and songs

Problem Solving

1 Seeks information by observing, asking questions of people, and exploring available materials

2 Practices to refine skills and gain mastery of tasks

3 Uses real-world experiences and physical materials to solve problems:
   a measures through estimating using non-standard measures, e.g., string, blocks
   b notices patterns recurring in the environment
   c understands relationships between parts and whole
   d uses counting to determine how much is needed

4 Begins to recognize difference between real and imagined events

Logical Thinking

1 Begins to organize information by:
   a classifying, e.g., grouping blocks by color or shape
   b quantifying, e.g., compares amount of juice
   c ordering, e.g., arranges blocks by size
   d ranking, e.g., decides which is light, lighter, lightest
   e sequencing, e.g., tells what happened first, second, third
   f analyzing, e.g., looking at parts of a block structure
   g synthesizing, e.g., putting a puzzle together
   h seriating, e.g., biggest to smallest

2 Can use one object to represent another object which is not present, e.g., block to represent truck

3 Begins to understand symbols such as traffic signs, commercial logos, restroom signs

4 Relates or associates information by making simple comparisons and generalizations and by forming simple cause/effect hypotheses

5 Reasons and solves problems through inferring, concluding, beginning hypothesis testing, creative thinking, inventing

Cognitive Indicators at 6½ Years

Attention

1 Attends to relevant variable for longer periods

2 Beginning to attend to auditory and visual stimuli while still dependent upon tactile sense

3 Maintains attention through use of additional sensory perceptions in addition to touch

Curiosity

1 Likes to learn

2 Feels competent as a learner

3 Sees self as a contributing member of a learning community

4 Is eager to understand, see relationships, and find meaning in an expanding environment

5 Continues to identify special interests, e.g., hobbies

Perception

1 Continues to use the five senses separately and in combination to gather data and make finer discriminations
   a uses visual, auditory, tactile/kinesthetic, taste, and smell to perceive properties, characteristics, and attitudes
   b creates patterns and sees relationships in the living and non-living environments

2 Relies on the way of learning, or sensory modality, which is currently dominant

3 Practices using less dominant modalities of seeing, hearing, handling, tasting, or smelling

4 Begins to develop perceptual discrimination in using symbolic systems: e.g., numeric, alphabetic, musical, graphic, spatial

Memory

1 Remembers information, events, and experiences

2 Links past and present information

3 Develops memory strategies, e.g., rhymes, lists, cues

4 Tells a coherent story, placing events in correct order

Problem Solving

1 Solves everyday problems through
   a measuring, using simple, non-standard units
   b seeing relationships: part/whole, hazard/safeguard
   c using tools to repair, cook, clean, record information
   d exploring possibilities by role playing

2 Begins to identify appropriate resources to solve problems
   a books, magazines, television
   b adults and other children
   c museums, libraries, zoos, stores, offices

3 Tries out unusual and/or multiple solutions

4 Continuing to recognize differences between real and imagined experiences

Logical Thinking

1 Begins to move from graphic representation to symbolic, e.g., picture of truck to word "truck"

Cognitive Indicators at 9.0 Years

Perception-Continued

1 Attaches meaning to new experiences from an existing range of store perceptions

2 Creates and integrates patterns and relationships in the living

and non-living environments

Memory

1 Uses memory strategies, e.g., rules, sayings, or mnemonic devices
2 Uses recall as a basis for abstract thinking
  a predicts future events
  b imagines what could be
  c synthesizes past experiences
3 Applies recalled information and experiences to
  a develop imaginative play
  b attach meaning to new experiences
  c formulate needed rules

Problem Solving

1 Uses techniques to solve problems, e.g., graphing, outlining, brainstorming, mapping, webbing, organizing data
2 Uses resources to solve problems:
  a knows where to find relevant resources
  b knows how to use resources
  c knows how to use available technology
3 Uses strategies to problem solve
  a applies knowledge from past experience to new problems
  b imagines hypothetical possibilities
  c compares several possible solutions
4 Evaluates quality of own and others' work, ideas, and opinions

Logical Thinking

1 Is becoming a problem solver
  a identifying problems
  b considering possible causes
  c locating resources to solve problems
  d testing solutions
2 Is becoming a critical thinker
  a comparing and contrasting ideas
  b analyzing concepts
  c synthesizing ideas
  d relating parts to whole
3 Is becoming a scientific thinker
  a observing
  b recording data
  c predicting outcomes
  d experimenting
  e drawing conclusions
4 Is becoming an abstract thinker
  a solving problems without concrete materials
  b relating past, present, and future

Appendix C

Sample Individual Education Plan Form

INDIVIDUAL EDUCATION PROGRAM (IEP) PLAN

DATE

IEP Written:

Periodic Review Due:

Last Comprehensive Assessment:

A. LEARNER INFORMATION

Learner's Name *Jessie Johansen*	Gender *F*	Grade *12*	Birthdate *12-31-75*	ID Number *122-34-5678*
Street Address *406 Any Lane* City, State, Zip *Swanville, MN 56666*			Primary Language / Communication Mode *English, Verbal*	
School of Enrollment *Swanville High School*			School Phone *(612) 123–4567*	District Number *123*
Learner's Permanent Resident Address *same*				Resident District Number *123*

B. PARENT/GUARDIAN INFORMATION

Name(s) of Parent(s) *Mark and Joan Johansen*	Phone *123–4567*	Phone
Parent(s) Address (if different) *same*	Primary Language *English*	District Number 123
Guardian(s) / Surrogate Parent(s) Name(s) *same*	☒ Guardian(s)	☐ Surrogate Parent(s)

Guardian(s) / Surrogate Parent(s) Address (if different) —	Home Telephone	Other Telephone	District Number

C. IEP INFORMATION

Primary Disability *Learning Disability*	Federal Childcount Setting *Regular Education*	IEP Type ☐ Initial ☒ Annual ☐ Interim
IEP Manager Name *Sue Hanson*	Position *Special Education Teacher*	Telephone Number *345—6789*

D. IEP PLANNING MEETING

Title	Names of All Team Members	Signature (if present)
Parent	*Mark Johansen*	
Parent	*Joan Johansen*	
Learner	*Jessie Johansen*	
Administrator or Designee	*Sarah Hoffman*	
Special Education Teacher	*Sue Hanson*	
Regular Education Teacher (K-12 only)	*Tim Johnson*	
sister	*Cindy Johansen*	
SSB counselor	*Harold Batens*	
School guidance counselor	*Mildred Fortney*	
Support Services, .MTC	*Sharon McElroy*	

COPIES: ☐ Learner File ☐ Parent ☐ IEP Manager

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Learner's Name: Jessie Johansen

E. PRESENT LEVELS OF PERFORMANCE & LEARNER-BASED NEEDS

Carefully consider and document data from all sources in the following areas:
(Include information and observations provided by parent[s] and learner.)

- Intellectual / Cognitive Functioning
- Academic Performance
- Communicative Status
- Motor Ability
- Sensory Status
- Health / Physical Status
- Emotional and Social Development
- Behavior and Functional Skills

*† • Secondary Transition
(must be summarized for all learners who have reached 9th grade or age 14)
A. Jobs and Job Training
B. Recreation and Leisure
C. Home Living
D. Community Participation
E. Post-Secondary Training and Learning Opportunities

* *Identify post-school outcomes for each transition area.*

† *If the team determines that there are no transition needs in one or more areas, write a statement to that effect and the basis for this determination.*

PRESENT LEVELS OF PERFORMANCE	LEARNER-BASED NEEDS
Post-secondary Education *Future adult goal: I want to work in the law enforcement field, maybe as a dispatcher. I plan to go to a post-secondary school that has training in law enforcement.*	
Present level of performance: I have been a police explorer for two years. I have visited several technical colleges and community colleges and have checked into housing and public transportation at each site. I keep track of all this information in my transition folder. I understand my personal strengths and weaknesses and have learned how to advocate for the accommodations I need to be successful.	*I need to apply at the postsecondary schools I like the best, figure out how to pay for it, and work at getting the accommodations I think I will need to successfully complete the program.*

Learner's Name: Jessie Johansen

F. ANNUAL INSTRUCTIONAL GOALS & SHORT-TERM OBJECTIVES

GOAL *In writing the goal statement, indicate the direction of change, the behavior to be changed, and the expected ending level of performance.*	GOAL # ___ OF ___ GOALS

I will increase preparation activities for fall, 1994, entry into a post-secondary school that offers a program in my interest area from having visited several schools to completing an application and being accepted, finding financial aid, and setting up accommodations by graduation this spring..

SHORT-TERM OBJECTIVES *There must be more than one objective for each goal.* *For each objective include attainment criteria and evaluation procedures.*	**Review Date**	**Degree of Progress**
1. *Given registration materials for post-secondary school of interest, I will complete the necessary forms with 100% accuracy by the end of the first semester as determined by my school counselor.*		
2. *Based on my learning strengths and weaknesses, I will correctly list all the resources available at the schools I am interested in before enrolling, as determined by my special education teacher.*		
3. *I will travel by city bus to my SSB counselor's office and meet with my counselor at least four times over the course of the school year for assistance in planning and funding my post-secondary education as monitored by my SSB counselor.*		

G. PERIODIC REVIEW SUMMARY OF GOAL & OBJECTIVES

The following is the status of the learner's goal and objectives:

☐ Goal achieved.

☐ Meets learner's current needs and will be continued without changes.

☐ The non-significant changes listed below will be made without an IEP meeting unless you contact us.

☐ Does not meet learner's current needs and the significant changes listed below require a revised IEP.
We will be in contact soon to schedule a meeting.

NOTE TO PARENT(S): You are entitled to request a meeting to discuss the results of this review.

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Learner's Name: Jessie Johansen

H. SPECIAL EDUCATION & RELATED SERVICES

SPECIAL EDUCATION SERVICES

SERVICE PERSONNEL CODE (see reverse for codes)	NAME OF SERVICE PROVIDER & PHONE NUMBER	SERVICE CATEGORY CODE (see reverse for codes)	BUILDING NAME & ROOM NUMBER	FREQUENCY	MINUTES PER WEEK		TYPE OF SETTING							DATE SERVICE BEGINS	DURATION OF SERVICES
							check one			check one					
					INDIRECT	DIRECT	CLASS	GROUP	INDIVIDUAL	GENERAL	SPECIAL	INTEGRATED	OTHER		
01	*Sue Hanson* *345-6789*	*490*	*Swanville High, Rm 207*	*daily*	*75*	*150*		*x*			*x*			*9-93*	*6-94*

RELATED SERVICES AND JUSTIFICATION

35	Mildred Fortney 456-7890	35	Swanville High, Rm 101	monthly		10			x	x				9-93	6-94

Justification: *Information about postsecondary schools, application. process, and accommodations*

Justification:

TRANSITION SERVICES (for age 14 and above)

AGENCY NAME	NAME OF SERVICE PROVIDER & PHONE NUMBER	BUILDING NAME	FREQUENCY	AMOUNT OF SERVICE TIME	DATE SERVICE BEGINS	DURATION OF SERVICES
State Services for the Blind	Harold Batens 426-1234	Park Plaza	at least quarterly	minimum 8 hours	10-93	ongoing

Interagency / Organization Linkages (*Identify activities, funding responsibilities, etc.*):
assistance in planning and funding postsecondary education

Support Services Morton Tech. College	*Sharon McElroy* *426-9876*	*Morton Tech College*	*as needed*	*about 4 hours*	*10-93*	*throughout college career*

Interagency / Organization Linkages (*Identify activities, funding responsibilities, etc.*):
provide information on technical college options and accommodations

ED-01878-02

Learner's Name: Jessie Johansen

I. ADAPTATION OF GENERAL & SPECIAL EDUCATION

Describe changes in general and special education that will be made to permit successful accommodation and education of the learner (e.g., grading, credits, staff, transportation, facilities, materials, equipment, technology, adaptive devices, curriculum, methods, coordination of support services, vocational services and equipment, and other services):

Are Regulated Behavioral Interventions required for this learner? ☐ Yes ☐ No
(If yes, attach behavior plan as described in M.R. 3525.2925.)

Are general education secondary graduation standards being modified? ☐ Yes ☐ No
(If yes, attach team determination documentation as described in M.R. 3525.3150.)

Are extended school year services required for this learner? ☐ Yes ☐ No
(If yes, attach extended school year justification as described in M.R. 3525.2900 Subp. 1.H.)

J. LEAST RESTRICTIVE ENVIRONMENT (LRE)

Explain why the proposed placement is the most appropriate and the least restrictive. (Describe any other options considered.)

K. DESCRIPTION OF ACTIVITIES WITH LEARNERS WITHOUT DISABILITIES

For a learner who is served more than half-time in a special education setting, include any activities in which the learner will be participating with learners who do not have disabilities (e.g., lunch, assembly periods, club activities, field trips, community instruction or experiences, and other special events):

Activity	Frequency	Amount of Time

LENGTH OF DAY ☐ Check here if the learner's school day is shorter than that of peers without disabilities.
(If checked, Commissioner of Education approval is required.)

NOTE: *Attach "Notice of Special Education Services."*

Service Personnel Codes

01	Teacher
02	Supervisor / Coordinator
03	Lead Teacher
04	Physical Therapist
05	Occupational Therapist
06	School Nurse (*Report only time in levels V and VI.*)
07	Program / Instructor Assistant Levels I, II, III
08	Program / Instructor Assistant Levels IV, V, VI
09	Director of Special Education
10	Assistant Director
11	School Social Worker
12	School Social Worker Aide for Indian, Hispanic, or Southeast Asian Students
13	School Psychologist
14	Audiologist
15	Adaptive Physical Education Specialist
16	Consultant
17	Other
18	Child Find Facilitator
19	Public Information Facilitator
20	Child Study Due Process Facilitator
21	Alternative Program Facilitator
22	Secretary
23	Substitute Teacher
24	Certified Occupational Therapy Assistant (COTA)
25	Other Certified Therapist
26	SEIMC Management Personnel
27	Vision Media Assistant (braillist / L.P. typist)
28	Interpreter for the Deaf
29	Orientation and Mobility (O & M)
30	Due Process Hearing Officer
31	Clinical Psychologist
32	Behavior Analyst (prior approval)
33	Regional Special Programs Supervisor
34	Assistive Technology Specialist
35	School Counselor

Service Category Codes

425	Early Childhood Handicapped
440	Mildly Mentally Impaired
450	Moderately Severe Mentally Impaired
460	Physically Handicapped
465	Hearing Impaired
470	Speech / Language Impaired
475	Visually Handicapped
490	Specific Learning Disability
491	Other Health Impaired
492	Autistic
493	Emotional / Behavioral Disorder
494	Traumatic Brain Injury

Appendix D

Sample Individualized Family Service Plan Form

Child's Name ______________________

DRAFT

Family Considerations for the Individual Family Service Plan

1. Please describe how you see your child (what you most like, any concerns or needs).

2. In the months or year ahead what would you want for your child and family to help your child?

3. Which of the following do you or other family members feel are important concerns or areas about which you would like more information?

for your child

______ getting around
______ communicating
______ learning
______ feeding, nutrition
______ having fun with other children
______ challenging behaviors or emotions
______ equipment or supplies
______ health or dental care
______ pain or discomfort
______ vision or hearing
______ other

for your family...

______ meeting other families whose child has similar needs
______ finding or working with doctors or other specialists
______ coordinating, making appointments, dealing with agencies
______ coordinating your child's medical care
______ finding out more about how different services work or how they could work better for you
______ planning or expectations for the future
______ more information about what resources might be available
______ transportation

notes:

______ child care
______ finding a support group
______ finding or working with people who can help you in your home or care for your child so you can have a break
______ housing, clothing, jobs, food, telephone
______ information or ideas for
______ brothers, sisters, friends, relatives, others
______ information about the disability or diagnosis
______ money for extra costs of child's special needs
______ help with insurance
______ recreation
______ other

4. What else do you think would be helpful for others to know about your child ?

5. ... about your family?

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Child's Name ____________________

Agenda for the IFSP team meeting. (After reviewing the Family Considerations (page 2). The family and Facilitator create an agenda for the IFSP team meeting. (List the topics, questions and information to share; decide what sequence to follow and how much time will be needed.)

IFSP Team Membership Selection - possibilities to consider for team members which will be helpful or supportive to child and family outcomes/issues/tasks

Family/Community:
- parents
- other family members, relatives, friends
- community, civic, disability or parent groups
- respite, child care providers
- advocates
- legal representation
- ministry, other support source
- other:

Social Services:
- developmental disabilities case worker
- income maintenance/economic assistance
- mental health
- child welfare
- social worker
- other private providers

Health Care:
- primary physician
- other physicians
- private home health care
- primary nurse

Health Care continued
- other hospital staff
- public health nursing
- community health services
- habilitation providers (private therapy)
- Services for Children with Handicaps
- mental health providers
- personal care attendants
- other:

Education:
- administrator or designee
- Early Childhood Special Education
- school nurse
- Early Childhood Family Education
- Head Start
- Community Education
- early childhood programs (e.g., nursery school, child care)
- kindergarten-regular/special educators, related services
- occupational therapy
- physical therapy
- speech therapy
- other:

SCHEDULING IFSP MEETING

Settings and times convenient to family to ensure that they will be able to attend.

Fill in details of team members on next page.

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Child's Name ______________________

IFSP Team Membership

Each agency or person who has a direct role in the provision of services is responsible for making a good faith effort to assist each eligible child and their family in achieving the outcomes on the child's IFSP.

Name	*	Position/Role	service		start date	Agency and Address	Telephone/Availability
			indirect	direct			

Others Who May Be Helpful to the IFSP Team in planning and/or programming for the child.

Name	*	Position/Role	service		start date	Agency and Address	Telephone/Availability
			indirect	direct			

DRAFT

* Attendance at meeting: Y=yes, N=no

Child's Name ____________________

Initial Team List of IFSP Outcomes/Tasks/Issues

(An outcome is a statement of the changes family members want to see for their child, or for themselves, related to their ability to enhance their child's development.)

Priority #	Outcome/Issue/Task	People who can help with this outcome (to assess, plan, commit resources, and/or carryout the plan).	Assessment Needed* ✓		
			INITIAL	FURTHER	NO

*Attach assessment permits as needed

Child's Name ______________________

DOB: ____________

Summary of Child's Present Levels of Performance (To be completed by the IFSP Team. Draw from description of the child, additional assessments and observations, for each category. Include needs and functioning in context of daily routine settings. Address all areas listed.)

1. Current health and medical status.
2. Basic senses including hearing and vision
3. Communication: speech and language development
4. Social/emotional/behavioral development
5. Physical/motoric development
6. Cognitive development
7. Self-help skills
8. Academic Performance (when appropriate)

Present Levels of Performance	Child's Needs

DRAFT

Child's Name ____________________

Major Outcome to be achieved:

Current status: (Include child and/or family resources, needs, concerns)

Objective: (Include criteria, procedures, and timelines used to determine progress)

Activities/Methods/Services (Describe type, amount, frequency)	Location	Persons responsible	Payment arrangements

Degree of Progress:

Date reviewed: ____________________

☐ Continue #s ____________________ ☐ Modify/revise #s ____________________ ☐ Discontinue #s ____________________

Child's Name ______________________

Early Intervention Settings/Least Restrictive Environment

"To the extent appropriate, early intervention services must be provided in the types of settings in which infants and toddlers without handicaps would participate." (Sect. 303.12d)

Check all sites for early intervention:

☐ child's home
☐ other family location
☐ family day care

☐ community-based program

  ☐ ECFE
  ☐ child care program
  ☐ early childhood program
  ☐ Headstart
  ☐ hospital
  ☐ other:

☐ school district ECSE classroom
☐ other:

Explain why sites selected are appropriate and least restrictive and reasons others were considered and rejected.

Describe opportunities to interact with peers not receiving special services.

Indicate and describe below any changes necessary to permit successful accomodation of and programming for the child in the least restrictive alternative. (e.g. adaptations in rooms or environment, transportation, materials, equipment, technology, techniques or methods, curriculum, etc.)

Describe accomodations to be used in all sites to promote successful participation.

Describe additional accomodations which are site-specific; indicate at which sites they are needed and why.

DRAFT

Child's Name ______________________

Evaluation of Team Effort to Develop and Provide Services and Support

By IFSP Team Members as Team Evaluation of Self-evaluation

Can be used at any time through-out or after the process.

What worked well?

How could the team be more responsive, effective, or supportive?

What needs to be improved?

Family satisfaction with services.

Appendix E

Articles on Behavior Management

Encouragement

Sharon Hendrickson-Pfeil, M.S., M.A., CCC

Giving encouragement is a vital part of child rearing. Your encouragement tells your child that you believe the child is a capable person, someone who can learn to make good choices.

Children who feel good about themselves keep working until they master new skills. They enjoy taking on new responsibilities. They expect to succeed.

Children who are discouraged about their own abilities often turn to inappropriate, destructive behaviors. They become "good at being bad" to get attention by misbehaving. Or they just give up.

How are encouragement and praise different?

Real encouragement helps your child become self-sufficient, while praise can backfire and actually be discouraging Praise evaluates the child or the child's work as "good" or "bad." Encouragement separates the deed from the doer. Most of us use both, especially with very young children. But the more real encouragement you give, the stronger your child will be as an independent learner. Some examples include the following:

Encouragement

- You're learning!
- That looks like fun!
- You got it!
- Now you know how!
- You can do it!
- Thank you!
- You kept on trying and you learned how!
- You really thought about it that time!
- You're really paying attention!
- You're learning!
- You're really listening!
- You're really sharing!
- You're really taking your time!

Praise

- Good boy! *or* Good girl! (The child may wonder, "If I mess up am I still OK?")
- I'm proud of you. (The child may wonder, "What if I can't do it right or I forget next time?")

How do we discourage children?

Avoid outright discouragement at all costs. This teaches the child it's useless to learn or to try to take on new responsibilities. It also destroys trust in adults. But we often discourage children without realizing that we are doing so. Here are some examples:

- No – not like that!
- Didn't you listen?
- You *never* pay attention!
- You never take your time!
- You never listen!
- Your brother never behaves like this!
- Your sister already knows how.
- Why can't you be like…?

How can I teach my child to correct mistakes?

The aim of correction is to change behaviors in an encouraging, constructive way. Start by assuming your child's mistake was not deliberate. By taking a positive approach, you help your child learn new behaviors. Some words that help with correction are:

- Oh-oh!
- Take your time. You'll get it.
- Let's try it again.
- Let's try this.
- Let's try another way.
- Let's try a new way.
- Let's practice remembering that.
- Watch me again.

What are some other ways to encourage my child?

- Help your child feel worthwhile by spending quality time together.
- Look at drawings, block creations, and school work together.
- Don't judge – just *share*.
- Buy or make educational toys. If your budget is tight, explore resale shops – they often have a good selection of children's toys. Ask your child's therapist or teacher for ideas about appropriate items for your child. Give a few toys at a time – most children, especially those with disabilities, are overwhelmed by too many items at one time.
- If your child is in school, set a regular time for homework. Provide a quiet, well-lit area and perhaps a snack.
- Really *listen* to your child. Give your full attention when your child shares experiences. Make sure to show your appreciation. Celebrate successes, but don't judge failures.
- Let your child see how you learn.

Summary

Encouragement means being there for your child and recognizing the child as an independent human being who will learn if given the chance. If your child is sure of your caring, confidence, and respect, the child will develop self-esteem and will be stronger in all areas of learning.

Natural and Logical Consequences

Sharon Hendrickson-Pfeil, M.S., M.A., CCC

Every decision has a consequence. You can use consequences to help your child learn to make responsible choices and to develop mature behavior. Consequences can be *natural* – arising from behavior without your intervention – or *logical* – planned and applied by you.

A child who loses popcorn money for school will miss the treat. This is a natural consequence; you've done nothing to bring it about. Logical consequences also directly relate to the child's behavior. But they are planned, to help children reduce specific misbehaviors.

In working on a problem behavior, you may choose to stand back and let your child face the natural consequences of the behavior. Or you may explain some logical consequences to your child, then let the child select one and experience it.

Are logical consequences different from punishment?

Natural and logical consequences both teach that the child has the power to solve problems. This sense of personal capability helps develop a sense of responsibility. Providing natural and logical consequences show you trust your child to work out solutions.

Punishment teaches that only adults have power, so only adults are truly responsible. It usually does not teach why responsible behavior is important because the punishment is often not related to the behavior.

Logical consequences, if well planned and presented, encourage and strengthen the child. Punishment only damages the child's self-esteem. Here are some of the important differences between punishment and logical consequences.

Punishment

- Makes the child the object of your anger, which may be expressed directly or indirectly
- Focuses on guilt
- Is not necessarily related to the misbehavior.

Logical Consequences

- Avoid anger and power struggles. The child is not judged or scolded.

- Focuses on problem-solving
- Always relate directly to the misbehavior.

How do I select the right logical consequence?

Logical consequences should be as close to natural ones as possible. Here are some examples of appropriate logical consequences.

- **Behavior:** Child throws food on the floor.
- **State logical consequence:** "If you throw your food, it will be all gone. Then there won't be any more until lunch time."
- **Action:** If child continues throwing food, let child experience the natural consequence of an empty plate. Assure child that you will fix a good lunch later.

- **Behavior** Child, age 1½ years, is fascinated by electric outlets. Child repeatedly tries to poke finger into one.
- **Demonstrate logical consequence:** Give warning – "That's a no-no" – then set child in playpen.
- **Action:** Each time child approaches the outlet, leave child in playpen a little longer. Child soon learns that approaching the electric outlet is choosing to be taken to playpen.

- **Behavior** Child plays roughly and noisily in front of the TV while you are watching a program.
- **State logical consequence:** "We're watching the TV. You can play quietly with a book or your doll or you can play in the other room. You decide."
- **Action:** If child doesn't settle down, say "I see you'd rather play in the other room. Come back and sit down with us when you're ready." Then follow through; guide child into the other room if necessary. If child continues to test you, simply say: "I see you're still not ready to play quietly. You've decided to stay in the other room. You can decide where you want to play again tomorrow night." Don't scold or explain further. Gently but firmly show that no more play in the living room will be permitted tonight.

- **Behavior:** Child has difficulty playing with other preschoolers and frequently hits them and grabs their toys.
- **State logical consequence:** In a firm, friendly voice, give child a choice. Child can play nicely, or sit alone for some "time out," until ready to play without hitting or grabbing.
- **Action:** Assure child that there will be another chance soon, then put child in time-out area. Don't scold, apologize, or explain that this avoids conflict, and you may not become the target of pleading or tears. If child leaves the time-out area to test the consequence, return child gently but firmly. Don't repeat explanations or make eye contact, which the child may find rewarding.

Some problem behaviors may be approached in one of several ways:

- **Behavior:** Your three-year-old does not like to ride in a car-seat. Child whines, wriggles, and protests during entire trip.
- **State logical consequence:** "When you make noise, I can't drive. Then we have to wait until it's quiet before we go."
- **Action:** Each time child begins to whine or protest, pull the car to the side of the road. Allow extra time when traveling together, and introduce this on a weekend or over a few days when you're not feeling hurried.

Alternative:

- **State logical consequence:** "If we get home on time, there'll be time for you to play outside. If you fuss and cry so we can't, there won't be time later on to do something fun."
- **Action:** If child fusses in the car, don't scold. When you get home, say: "Uh-oh, you fussed in the car. Now there's no time for playing. You can decide again next time."

How do I explain and carry out logical consequences?

Always tell your child about the logical consequences of choices *before* the child misbehaves. The child must know that there is a real decision to be made.

Don't carry out unpleasant consequences when you're angry. Your tone of voice will make this seem more like punishment than a learning experience – and it won't work. Be friendly and matter-of-fact when you explain choices and when you follow through. Don't scold or nag. Be encouraging. If your child has lost a privilege as a logical consequence, make sure the child knows that soon there will be another chance to decide.

Natural consequences speak for themselves. If the child complains about these consequences express your confidence that the child can solve the problem.

My child has a disability. Will natural and logical consequences work?

Yes! Keep your child's limitations in mind when you plan, explain, and carry out consequences. If your child has limited language comprehension, give simple explanations and consequences. Include older children in a family council when you plan house rules and logical consequences.

Where can I find help in planning natural and logical consequences?

Some school districts and community agencies offer workshops and materials for the Systematic Training for Effective Parenting (STEP) program. The STEP program teaches specific techniques for using natural and logical consequences and lets parents share their experiences.

A family counselor or psychologist can help you tailor logical consequences to your child's needs. Help may also be available through your child's school – ask the school counselor.

Changing Your Child's Behavior: the Behavioral Approach

Robert J. Bennetti, M.Ed.

What is the behavioral approach?

The behavioral approach is a way to change your child's behavior by using basic principles of learning. It is concerned with what your child does – how the child responds to the environment.

The behavioral approach translates inner events – such as emotions – into things that can be observed and measured. To measure "laziness," you can see how long your child takes to finish a job. You can measure "anger" by how often your child fights. To measure "fussiness," you can find out how often your child cries. This approach lets you work to change specific behaviors and determine whether the change happened.

How does this approach differ from other approaches?

The major difference is the emphasis on behavior. Emotions, thoughts, and feelings are important, but they are hard to observe and difficult to predict, control, or change.

Some other approaches try to change how a child feels or what the child thinks about parents and playmates in the hope that the child's behavior will change. The behavioral approach is more concerned with the child's behavior – the idea is that a *change in behavior will change the way the child thinks or feels.*

Another important difference is the belief that a child *learns* how to behave – that behavior is not caused by underlying drives or characteristics that the child is born with.

What are some of the principles of the behavioral approach?

The most important behavioral principle is that no behavior occurs in isolation. Behavior doesn't just happen – something else always happens first and sometimes causes the behavior. And there is always a consequence that follows the behavior.

There can be any of three major consequences: the behavior can be rewarded, punished, or ignored. When you reward a behavior it is more likely to occur again. When you punish or ignore a behavior it is less likely to occur again.

Behavior change – *learning* – occurs when you let your child experience the consequences of behavior. Your child is responsible for behavior a*nd* for the consequences that follow.

Of course, parents have been using rewards and punishments for years. The key is in *how* they are used. To begin with, you must set up rules or expectations for behavior in advance. With your child, review the behavior you expect. Be specific. Then go over the consequences, both negative and positive. The child must clearly understand the consequences of behavior.

By knowing the consequences ahead of time, your child can choose how to behave and must accept the consequences for that behavior. Your child's misbehavior is now the child's problem – not yours. And the reward for the behavior you desire will be the child's to enjoy. This eliminates the need for nagging, scolding, lecturing, and threatening.

The second principle is *consistency*. There is no single parenting skill more important than consistency.

You'll be much more effective in managing misbehavior and teaching your child more acceptable forms of behavior when you respond in a consistent manner. Inconsistency leaves children confused, mistrustful, and more likely to manipulate their parents. Inconsistency also teaches children that one way to get attention – a reward – is through misbehavior.

Consistency means agreeing on what is expected of the child as well as the consequences for both misbehavior and good behavior. It also means that both parents work together as a team.

The final principle is to pay more attention to your child's good behavior and accomplishments and less attention to the misbehavior and failures. It's easy to ignore your child's good behavior and devote your attention to the misbehavior. You can more effectively manage behavior by using the opposite approach. Praise your child as a reward for being cooperative, helpful, or well behaved. Rather than scolding or lecturing, try ignoring your child when the child is disruptive or misbehaving. Ignoring undesirable behavior can be a powerful way of disciplining your child.

My child has a disability. Will the behavioral approach work?

It should – the behavioral approach provides some of the most effective techniques to manage behavior. It's easy to learn, easy to teach, and easy to use. And it doesn't rely heavily on the child's verbal ability, so it works with children with even the most severe speech delays or intellectual or sensory impairments. And, since the approach is concerned with how your child *acts*, you'll be the first to know if it works.

For more information

- Dreikurs, R., & Soltz, V. 1964. *Children, the challenge.* New York: Hawthorn/Dutton.
- Dinkmeyer, D., & McKay, G. 1973. *Raising a responsible child.* New York: Simon and Schuster.
- Guhl, B., & Fontenelle, D. 1987. *Purrfect parenting.* Tucson: Fisher.

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Appendix F

Play Checklist

PLAY CHECKLIST

Date ______________________________

Name ______________________________

Date of Birth: ______________________________

Check the highest level skills you consistently observe:

*1. Pretending with Objects
- ☐ Does not use objects to pretend
- ☐ Uses real objects
- ☐ Substitutes objects for other objects
- ☐ Uses imaginary objects

*2. Role-Playing
- ☐ No role play
- ☐ Uses one sequence of play
- ☐ Combines sequences
- ☐ Uses verbal declaration (i.e., "I'm a doctor.")
- ☐ Imitates actions of role, including dress

*3. Verbalizations about Play Scenario
- ☐ Does not use pretend words during play
- ☐ Uses words to describe substitute objects
- ☐ Uses words to describe imaginary objects and actions (i.e., "I'm painting a house.")
- ☐ Uses words to create a play scenario (i.e., "Let's say we're being taken by a monster.")

*4. Verbal Communication during a Play Episode
- ☐ Does not verbally communicate during play
- ☐ Talks during play only to self
- ☐ Talks only to adults in play
- ☐ Talks with peers in play by stepping outside of role
- ☐ Talks with peers from within role (i.e., "Eat your dinner before your dad comes home.")

*5. Persistence in Play
- ☐ Less than five minutes
- ☐ Six to nine minutes
- ☐ Ten minutes or longer

6. Interactions
- ☐ Plays alone
- ☐ Plays only with adults
- ☐ Plays with one child, always the same person
- ☐ Plays with one child, can be different partners
- ☐ Can play with two or three children all together

#7. Entrance to a Play Group
- ☐ Does not attempt to enter play group
- ☐ Uses force to enter play group
- ☐ Stands near group and watches
- ☐ Imitates behavior of group
- ☐ Makes comments related to play theme
- ☐ Gets attention of another child before commenting

8. Conflict Management
- ☐ Gives in during conflict
- ☐ Uses force to solve conflicts
- ☐ Seeks adult assistance
- ☐ Imitates verbal solutions provided by adults
- ☐ Recalls words to use when reminded
- ☐ Initiates use of words
- ☐ Accepts reasonable compromises

9. Turn-Taking
- ☐ Refuses to take turns
- ☐ Leaves toys: protests when others pick them up
- ☐ Gives up toy easily if done with it
- ☐ Gives up toy if another child asks for it
- ☐ Takes turns if arranged and directed by an adult
- ☐ Asks for turn, does not wait for a response
- ☐ Proposes turn taking; will take and give turns

10. Support of Peers
- ☐ Shows no interest in peers
- ☐ Directs attention to distress of peers
- ☐ Offers help
- ☐ Offers and takes suggestions of peers at times
- ☐ Encourages or praises peers

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Note: The developmental progression outlined in each segment of the play checklist can be used as a guideline when assessing most children's development. However, not all individuals will go through the same steps in development nor through the same developmental sequence.

Sections marked with * are adapted from: Smilansky, S. 1968. *The Effects of Sociodramatic Play on Disadvantaged Preschool Children.* New York: Wiley.

Sections marked with # are adapted from: Hazen, Black, & Fleming-Johnson. "Social Acceptance." *Young Children* 39 (1984): 26-36.

From *Pathways to Play: Developing Play Skills in Young Children.* Redleaf Press, 450 N. Syndicate, St. Paul, MN 55104. 1-800-423-8309

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Explanation of the Play Checklist

The following is a detailed explanation of each of the individual sections of the Play Checklist.

1. Pretending with Objects

This is one of the first skills a child acquires in play. At around twelve to eighteen months, a child begins to use objects in a dramatically new way. Instead of just exploring their physical properties, the child begins to pretend with them. The child not only picks up and puts down the telephone, she *talks* when the receiver is near her mouth. Now she is beginning to symbolize. The smooth transition between these two stages underplays the truly dramatic and exciting beginnings of pretending.

It may be difficult to always interpret accurately how a child is using an object. As you cannot see inside the child's mind, you need to observe her behaviors and listen to her language. Most of the time, if you understand the child's frame of reference, you will be able to see how she is pretending with objects.

- Does not use objects to pretend

  This means that the child simply uses objects to bang, roll, drop, or push. All the action is done to explore physical properties, *not* to pretend.

- Uses real objects

  By eighteen months most children begin to use real objects or child-sized replicas to pretend. For example, a child may use a bottle to feed a doll or may pretend to cook by stirring with a spoon in a pan. At this level, the child almost always needs an object that looks like the real thing to pretend. If given substitutes, the child may ignore them.

- Substitutes objects for other objects

  A child can increasingly use more dissimilar objects to pretend. For instance, a child may use a block as a bed for the baby and a few months later use a blanket or rug as a bed. A child who cannot do this will seek out a more realistic prop to use.

- Uses imaginary objects

  By age four most children no longer need an object to pretend. They use action and words to indicate imaginary objects. In our experience many children do this first with imaginary food or imaginary money. Gradually, the child learns that even if she doesn't have an object, the play doesn't have to stop. She can *pretend* to have the object.

2. Role-Playing

This section highlights a child's ability to act out a role in play. Certainly, most children find role-playing to be delightful. They quickly don the fire-fighter hats and coats to fight the fire. This requires a complex understanding of *how* the role is played. Children use voice, dress, body language, and props to communicate that understanding.

- No role-play

  The child uses no props, language, or actions to play a role. She may lack the cognitive understanding of what a role is or may be afraid to risk role-play in a group.

- Uses one sequence of play

  In early role-playing, toddlers pretend just one incident. For example, a two-year old may pick up the telephone, say hello, and hang up. Or she may put a bottle to a doll's mouth for a few seconds and then throw the bottle and the doll aside.

- Combines sequences

  As a child matures, she learns to combine play events so they become more complex. For example, Monica stirs a spoon in a pan at the stove in the house corner and then sets the table. Combining these distinct and separate events into one continuous flow builds up to playing a role in an elaborate and unique style.

- Uses verbal declaration (i.e., "I'm the doctor.")

  A child may verbally indicate he is the dad or a firefighter. However, this may or may not be supported by dress, actions, and language appropriate to that role. If the child does not elaborate beyond the verbal declaration, the child may need help to further play out the role. For example, Ali would run into the doctor play and say, "I'm the doctor." He would then run out. His caregiver helped him do the actions of a doctor by encouraging him to put on the white coat, take a blood pressure reading, and give a shot.

- Imitates actions of role, including dress

  The child has the ability to imitate roles in play such as doctor, parent, super hero, or baby. She will use dress, actions or body language, props, voice, and words to play out her understanding of what others in that role *do*. The child learns what each role requires by watching adults, watching television or movies, and reading books. Unless a child can succeed in role-playing, she will have real difficulty with sociodramatic play in a group. She will be quickly left behind in the ongoing action.

3. Verbalizations about Play Scenario

Children use language during play to let their play partners know where the play is going. Without words, children lose track of the collective play theme and play disintegrates. In this section of the checklist, we look at the child's words that build the pretend theme.

These words may or may not be spoken to others in play.

- Does not use pretend words during play

  If you check this item for a child the child probably is not talking much during play. A child with a language delay or a shy temperament would have difficulty with verbalizations.

- Uses words to describe substitute objects

  The child will use words to communicate to other children or adults what a substitute object represents. For instance, a child may put a piece of paper in another child's hand and state, "Here's a rock for the wall."

- Uses words to describe imaginary objects and actions

  The child will use words to communicate what an object or action is. For instance, a child may be standing in front of the wall and moving her arm up and down the wall, saying, "I'm painting now."

- Uses words to create a play scenario

  This last item is the most difficult skill. The child uses words to create a scene. You may see a child outline a scene which a group of children will then enter. For example, Sarah said loudly, "Let's say this is an ocean and we are on this boat and there's a whole bunch of sharks after us." If the group of children agrees to this scene, the play begins.

4. Verbal Communication during a Play Episode

Not only do children use words to create agreement on actions and themes, they use language to direct others or communicate with others during play. Unless this verbal interaction occurs, children play their roles alone with little communication between them. Gestural language such as sign language can perform the same function. Language or gestural communication becomes the "glue" that holds the play together.

- Does not use words during play

  The child does not speak during play episodes. Sometimes this child is an onlooker. Other times she will be in the middle of a play group, but will attempt no verbal communication.

- Talks during play, only to self

  The child may talk but the words aren't directed or intended as communication. The child may simply be talking to herself. This is used by many children to further their individual play, but it doesn't help the child integrate into the group play.

- Talks only with adults in play

  The child talks with an adult to ask for toys or materials or to describe what she is doing. She may ask for help with sensorimotor tasks like buttoning the buttons on a doll's shirt.

- Talks with peers in play by stepping outside of role

  The child will direct comments to others, but steps out of a role temporarily to do it. When a child does this she may tell another child how to play a role or correct the other child's actions. For example, Mary stops feeding the baby long enough to tell John, "No John! That's not where the daddy sits."

- Talks with peers from within role

  The most sophisticated way to verbally communicate during play is to talk from inside of the role. A skilled child will be able to give suggestions or direct others in their respective roles by playing the mom or teacher or doctor. In the example above, if Mary had learned this skill, she could say in her mommy voice, "No dear, you sit over here." When this skill is achieved, there are fewer breaks in the play.

5. Persistence in Play

This section examines how long a child may play *in a group* as part of a sociodramatic play theme. A child with a short attention span will have difficulty staying in one place, much less playing with a group. A child may also play alone longer than with a group, but use this section to measure time in a group play episode.

This will be an important skill to observe more than one time. Even children who are typically capable of persisting may be interrupted easily if they are playing in high traffic areas with many distractions.

- Less than five minutes

  Toddlers flit from activity to activity, but most three year olds should be able to join in group play for as long as four minutes.

- Six to nine minutes

  Four year olds should increasingly expand their group play times to nine minutes.

- Ten minutes or longer

  Most five year olds can sustain a sociodramatic play episode with other children for ten minutes or longer.

6. Interactions

In sociodramatic play a child will interact with at least one other child. They exchange ideas, conversation, and materials as they work together to create playful scenes.

- Plays alone

  The child who plays alone is sometimes thought of as a loner or withdrawn child. She tends to be on the outskirts of the group's activities and may isolate herself further by choosing activities and materials that are typically used by one person at a time, such as easel painting or working with beads.

- Plays only with adults

  Adults can become a child's primary play partners if the child is uncomfortable with her peers. She can be quite demanding of adult attention and unsure of what to do with herself when the adult is unavailable to her. The child might look to the adult to provide play ideas and to keep play going. For example, Michael preferred to be with one caregiver and followed her around the classroom. When she was unavailable, Michael was at a loss for appropriate play ideas and went to the water table to play alone.

- Plays with one other child, always the same person

  People consider this child to have only one "best friend." She has learned to get along adequately with this best friend but seems unable to transfer the interaction skills to play with any other children.

- Plays with one child, can be different partners

  A child interacting at this level will play with a number of different children but she needs to play one-on-one. Her partners may switch from day to day or from activity to activity. At this point she is still unable to play in groups of three so she may reject others.

- Can play with two or three children all together

  Playing with two or three others in a group is the most sophisticated level of interaction. The child who knows how to do this pays attention to the other children and is capable of some give and take.

Francis Wardle

7. Entrance to a Play Group (Adapted from Hazen, Black, & Fleming-Johnson, 1984.)

This skill differs from the interaction skills discussed above in a subtle way. It refers to the child's ability to enter into a group of children that have already established a play scenario.

- Does not attempt to enter play group

  A child who does not attempt to enter a play group may be somewhat disconnected from the others. She may not attend to other's behavior or their verbalizations. This child plays alone frequently and may decline the play invitations of other children

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- Uses force to enter play group

  Many types of force may be mistakenly tried to enter the play of others. Children may initiate contacts with others by patting them on the back, poking their arm, wrestling them to the ground, or using verbal threats such as, "I'm not going to be your friend anymore." These attempts to make contact are rarely successful.

- Stands near group and watches

  Sometimes standing near the group and watching the established play can be an effective method of gaining entry. The child becomes enveloped as the play of the group surrounds her.

- Imitates behavior of group

  As above, the child stands near the group but this time begins to perform the same type of activities. The child is usually on the outskirts of the group but instead of just watching she imitates their behaviors. Once again the play of the group surrounds her.

- Makes comments related to play theme

  Using this strategy to enter play, the child comes into the group and says something related to what the other children are doing. When Marie came up to a group of children playing school she said, "How about we go on a field trip to the zoo?"

- Gets attention of another child before commenting

  The most effective strategy a child can use is to call a child's name, establish eye contact, or tap her shoulder to get her attention before making a comment that is related to the existing play. Building on the example above, Marie would have said, "Josh, how about if we go on a field trip to the zoo?"

8. Conflict Management

For many preschoolers conflicts occur because they don't agree about who should play with a toy or what they should play. If problems cannot be resolved in a way that is acceptable to all those involved, play will fall apart or individuals will be left out.

- Gives in during conflict

  Some children respond to conflict in a passive manner. A child who gives in will leave the area or go on to another activity when someone takes her toy. Sometimes this child looks very surprised that another person would take her toy and may look as if she doesn't know what to do in a conflict situation. Others choose not to respond.

- Uses force to solve conflicts

  Preschoolers often try to solve problems through the use of force. Force can mean physical aggression, verbal aggression, manipulation, or physical intimidation. Preschoolers with poor language skills are more likely to try to get a toy by using aggression because of the difficulty they have in making themselves understood. Others may verbally threaten their peers by saying, "I'm going to let you have it if you don't give me the Big Wheel." A child may even try to bully someone by standing over him and puffing out his chest while showing his clenched fist.

- Seeks adult assistance

  When a child has little problem-solving ability she relies on the adult to solve it for her. She might start crying when she has a problem and looks toward the adult, or she might come to the adult to complain about a situation that she doesn't know how to handle. Most often the adult must go with the child to assist her in solving the problem.

- Imitates verbal solutions provided by the adult

  While the child may not be able to solve the conflict by herself, she can use the words that the adult gives her. The adult must provide the child with the appropriate words to use in the situation. The child is responsible for going back to the conflict situation and imitating the words given.

- Recalls words to use when reminded

  A child at this level still goes to the adult for help when faced with a problem. The adult reminds her of how to solve the problem by giving a direction such as, "Use your words." She is then able to go back to the situation and use some of the words she recalls having learned in the past.

- Initiates use of words

  After much practice a child learns to use words to solve conflicts on her own. She needs no reminders or help in thinking of the words to use. But she may need help in getting the other child to listen to her or to follow through with her request.

- Accepts reasonable compromises

  Children who are able to accept reasonable compromises in problem-solving situations know how to use words to get their needs met and can sometimes do as another child asks.

9. Turn-Taking

In group child care settings we ask children to learn to share at a very early age. Because of a limited number of resources, children must learn to take turns with toys, equipment, and adult attention. In order to successfully take turns, a child must understand give-and-take. She must learn to temporarily delay her own satisfaction in order to coordinate her behavior with others. In addition, she must know how to negotiate a trade or a deal and sometimes accept the suggestions made by others. This is closely related to the child's ability to manage conflict.

- Refuses to take turns

  It is not uncommon for a child to refuse to take turns. If she is forced to share a possession she may prefer to leave the area rather than share something that she is not ready to give up. A young child may have a tantrum when asked to share an item. An older child may say, "I'm not playing if I can't have the one I want."

- Leaves toys; protests when others pick them up

  A child will leave a toy that she has been playing with but will still feel that it is hers. She may become upset and demand back a toy that someone else has picked up. D.J. had been using the yellow truck in the sand but left the area to greet another child who had just arrived. When D.J. returned he found Jeremy had picked up the yellow truck and was driving it around. He yelled, "Hey, I was using that."

- Gives up toy easily if done with it

  As a child matures, she will leave a toy she is finished with. She understands that toys she leaves might not be in the exact same place when she returns and that others may use them.

- Give up toy if another child asks for it

  A child will share a material when she is asked only when she feels done with it. A typical response would be, "That's okay, I'm done anyway," or "Sure, I'm going to play with the dump truck now."

- Takes turns if arranged and directed by an adult

  Some children need an adult to structure turn-taking. For instance, the adult may tell the child how to judge when the other is done, set limits on the number of children using a material, or divide up toys among the players. Whatever type of adult intervention is used, a child at this level will be able to agree to the turn-taking propositions.

- Asks for turn, does not wait for a response

  When a child begins to learn to ask for a turn she uses the words to ask but sometimes leaves out the pause that gives the other person a chance to respond. The child does not understand that she needs to wait for the other person and so the words and the taking of the item take place simultaneously. For instance, when Jackie asked for a towel she said, "Can I have a towel, Ellie?" At the same time she took it from Ellie's hand.

- Proposes turn-taking; will take and give turns

  Play can proceed smoothly when a child has successfully learned to share a piece of equipment. Learning to share means being able to both give and take turns.

10. Support of Peers

Being able to support your peers is important to starting and maintaining friendships. This is difficult for many younger children, who may be at a very egocentric stage in their development. It requires that a child learn to look at a situation from another person's position, empathize with other's feelings, offer comfort or help, establish a balance in giving and taking suggestions that help play to continue, and develop positive attitudes toward others (Asher, Renshaw, & Hymel, 1982).

- Shows no interest in peers

  To stand and watch others seems simple enough, yet some children do not notice the actions and expressions of others. An impulsive, active, or self-absorbed child may have difficulty showing interest in her peers.

- Directs attention to distress of peers

  A young child will pay attention to others in the room who are crying or upset. She stops what she is doing momentarily and looks in the direction of the other child. She may even move closer to the child who is upset.

- Offers help

  Not only does this child pay attention to another child in the room who is crying or upset; she will also try to help. She will hold out a cuddly, stuffed animal or a blanket to provide comfort. She may try to hug or pat the back of a child who is upset. Her actions suggest that she understands how the other child feels and wants to help her feel better.

- Offers and takes suggestions of peers at times

  When two or three children are playing together they must share in the planning and leadership roles of play. A child capable of this will go along with the suggestions of others and may say something like, "Yeah, let's do that," or "That's a good idea." At other times, the child will offer play ideas, saying, "Let's pretend...," or "How about if we..." There should be some balance in suggesting scenes to play and accepting those of others.

- Encourages or praises peers

  This child is able to recognize the strengths of other children and comment on them or to notice and say something about a child who is working hard or doing a good job. For instance, as Marcia arrived at child care Lexi said, "That's a neat sweatshirt, Marcia."

TIME FOR ACTION

Now that we have discussed observing a child and filling out the checklist it is time for you to try these techniques. Pick out a child in your care that you are concerned about. Refer to the guidelines presented in this chapter to decide if you want to do a checklist. If so, do two to three running records during free play. With the more detailed information about the child you can complete a checklist. After you have done this, you will have a clearer understanding of the child and her skills.

Remember to do the checklist from two to three observations, rather than during a direct observation. You need the information from several different observations to complete the picture of a child. Be sure the observations are in varied settings, with opportunities for a variety of play for the child. For more on observations, see page 20.

PLANNING FORM

Child's Name: ______________________________

GOAL

Who: ______________________________

Does what: ______________________________

How well or how often: ______________________________

Target Completion Date for Goal: ______________________________

LESSON PLAN

Date: ______________________________

When will you work on the lesson? ______________________________

____

What are the child's special interests? ______________________________

____

How many children will be involved? ______________________________

____

Where will the playing take place? ______________________________

____

What props will be needed? ______________________________

____

Your role: ______________________________

____

Activities during play: ______________________________

____

____

Support Strategies: ______________________________

____

____

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Appendix G
Family Needs Survey

Dear Parent,

Many families of young children have needs for information and support. Some needs commonly expressed by families are listed below. It would be helpful to us if you would check (in the boxes on the right) any topics that you would like to discuss. We have provided a place at the end for you to describe other topics not included in the list.

If you choose to complete this form, the information you provide will be kept confidential. If you would prefer not to complete the survey at this time, feel free to keep it for your records.

Child's name ____________________
Person completing survey ____________________
Relationship to child ____________________
Date completed ____________________

Would you like to discuss this topic?	Yes	No	Unsure
Information			
1 How children grow and develop.	☐	☐	☐
2 How to play or talk with my child.	☐	☐	☐
3 How to teach my child.	☐	☐	☐
4 How to handle my child's behavior.	☐	☐	☐
5 Information about any condition or disability my child might have.	☐	☐	☐
6 Information about services that are presently available for my child.	☐	☐	☐
7 Information about the services my child might receive in the future.	☐	☐	☐
Family and Social Support			
1 Talking with someone in my family about concerns.	☐	☐	☐
2 Having friends to talk to.	☐	☐	☐
3 Finding more time for myself.	☐	☐	☐
4 Helping my spouse accept any condition our child might have.	☐	☐	☐
5 Helping our family discuss problems and reach solutions.	☐	☐	☐

6 Helping our family support each other during difficult times.	☐	☐	☐
7 Deciding who will do household chores, child care, and other family tasks.	☐	☐	☐
8 Deciding on and doing family recreational activities.	☐	☐	☐

Financial

1 Paying for expenses such as food, housing, medical care, clothing, or transportation.	☐	☐	☐
2 Getting any special equipment for my child's needs.	☐	☐	☐
3 Paying for therapy, day care, or other services my child needs.	☐	☐	☐
4 Counseling or help in getting a job.	☐	☐	☐
5 Paying for baby-sitting or respite care.	☐	☐	☐
6 Paying for toys my child needs.	☐	☐	☐

Explaining to Others

1 Explaining my child's condition to my parents or my spouse's parents.	☐	☐	☐
2 Explaining my child's condition to his or her siblings.	☐	☐	☐
3 Knowing how to respond when friends, neighbors, or strangers ask questions about my child.	☐	☐	☐
4 Explaining my child's condition to other children.	☐	☐	☐
5 Finding reading material about other families who have a child like mine.	☐	☐	☐

Child Care

1 Locating baby-sitters or respite care providers who are willing and able to care for my child.	☐	☐	☐
2 Locating a day care program or preschool for my child.	☐	☐	☐
3 Getting appropriate care for my child in a church or synagogue during religious services.	☐	☐	☐

Professional Support

1 Meeting with a minister, priest, or rabbi.	☐	☐	☐

2	Meeting with a counselor (psychiatrist, social worker, psychologist).	☐	☐	☐
3	More time to talk to my child's teacher or therapist.	☐	☐	☐

Community Services

1	Meeting and talking with other parents who have a child like mine.	☐	☐	☐
2	Locating a doctor who understands me and my child's needs.	☐	☐	☐
3	Locating a dentist who will see my child.	☐	☐	☐

Other

- Please list other topics or provide any other information that you feel would be helpful to discuss.

- Is there a particular person with whom you would you prefer to meet?

Thank you for your time. We hope this form will be helpful to you in identifying services.

Adapted from D. Bailey and R. Simeonsson (1988). "Assessing needs of families with handicapped infants". *Journal of Special Education, 22,* 117–127.

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